

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90001 005 ***150.00

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # P05000076888 1. Entity Name ROSE MCGARY, REALTOR, INC | | | |  | |
| Principal Place of Business 8670 F SW 97TH ST Ocala, FL 34481 | | | | Mailing Address 15608 SW 13TH Circle Ocala, FL 34473 | |
| 2. Principal Place of Business 15608 SW 13TH Circle | | | | 3. Mailing Address 15608 SW 13TH Circle | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | |
| City & State Ocala, FL | | | | City & State Ocala, FL | |
| Zip 34473 | | | | Zip 34473 | |
| Country USA | | | | Country USA | |
| 4. FEI Number 20-2900029 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCGARY, ROSE 8670 F SW 97TH ST Ocala, FL 34481 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Rose M. McGary</u> (NOTE: Registered Agent signature required when reconstituting) DATE: | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T MCGARY, ROSE 8670 F SW 97TH ST Ocala, FL 34481 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 15608 SW 13TH Circle Ocala, FL 34473 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Rose M. McGary</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: <u>8-17-2006</u> Daytime Phone # | | |

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