

Sent By: Hensen Luke;

239-390-0971;

FILED
Jul 25, 2006 8:00 am
Secretary of State

05-01-2006 90359 044 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000092893			
1. Entity Name THE EASON REALTY GROUP, INC.			
Principal Place of Business 28341 SOUTH TAMiami TRAIL STE 1 BONITA SPRINGS, FL 34134		Mailing Address 28341 SOUTH TAMiami TRAIL STE 1 BONITA SPRINGS, FL 34134	
2. Principal Place of Business 8881 Terrene Court Suite 104 Bonita Springs, FL 34135 USA		3. Mailing Address 8881 Terrene Court Suite 104 Bonita Springs, FL 34135 USA	
4. FEI Number X 58-2507560		Applied For ☐ Not Applicable	
5. Certificate of Status Created ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINN, MICHAEL T 28341 SOUTH TAMiami TRAIL STE 1 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Michael T Finn 8881 Terrene Court Suite 104 Bonita Springs, FL 34135	
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 _____ Signature typed as printed name of registered agent and file # updates (NOTE: Registered Agent signature required when submitting) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EASON, NANCY 28341 SOUTH TAMiami TRAIL STE 1 BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FINN, MICHAEL T 28341 SOUTH TAMiami TRAIL STE 1 BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8881 Terrene Ct. Ste 104 Bonita Springs, FL 34135 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 addressee with a power of attorney.			
SIGNATURE: 		4-26-06 770-971-0122 EXT 22	