

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90390 016 \*\*\*150.00

**DOCUMENT # P05000108353**

1. Entity Name  
**RED HAT REALTY CORP**



Principal Place of Business  
**1713 PRIMROSE CT  
PORT ST LUCIE, FL 34952**

Mailing Address  
**1713 PRIMROSE CT  
PORT ST LUCIE, FL 34952**

2. Principal Place of Business

**139 SW Port St Lucie Blvd**

3. Mailing Address

**P.O. Box 1385**

Suite, Apt. #, etc.

**Suite B**

Suite, Apt. #, etc.

City & State

**Port St Lucie FL**

City & State

**Jensen Beach FL**

Zip

**34984**

Country

**USA**

Zip

**34958-1385**

Country

**USA**

01062006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-3748872**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**A HOLDING COMPANY, LLC  
1713 PRIMROSE CT  
LAKE LUCIE  
PORT ST LUCIE, FL 34952**

7. Name and Address of New Registered Agent

Name  
**Rose M. Lee, Secretary**

Street Address (P.O. Box Number is Not Acceptable)

**139 SW Port St Lucie Blvd Suite B**

City & State  
**Port St Lucie FL**

Zip Code

**34984**

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

*Rose M. Lee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-6-06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **A HOLDING COMPANY, LLC**  
STREET ADDRESS **1713 PRIMROSE CT**  
CITY-ST-ZIP **PORT ST LUCIE, FL 34952**

TITLE **S** ☐ Delete  
NAME **LEE, ROSE M**  
STREET ADDRESS **1979 SW SUSSET LN**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

TITLE **T** ☐ Delete  
NAME **YURILLO, JAMES R**  
STREET ADDRESS **2502 NE 15TH LN**  
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **VP-M** ☐ Delete  
NAME **ROONEY, RAQUEL**  
STREET ADDRESS **10523 SW LANDS END PL**  
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **Nicholas R. Ansara**  
STREET ADDRESS **1713 Primrose Court**  
CITY-ST-ZIP **Port St Lucie FL 34952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VP Patricia Ann Ayres**  
STREET ADDRESS **473 SW Todd Ave**  
CITY-ST-ZIP **Port St Lucie, FL 34983**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Rose M. Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-05**

Date

**772-8711700**

Daytime Phone #