2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Feb 14, 2008 8:00 am

DOCUMENT # P05000148302 1. Entity Name DYKES & HANNAH REALTY, INC.					O2-14-2008 90027 010 ***150.00			
Principal Place of Business 10954 FALKLAND RD. BACKSONVILLE, FL 32221		Mailing Address 10954 FALKLAND RD. IACKSONVILLE, FL 32221			4002	5117 Ottom som som som som som som som som som s	TURI KURUN AKTURI KURUN KURUN BERMA	11 (OS) H (OS)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112008	Chg-P	CR2E034 (12/06)	1
City & State		City & State			4. FEI Number Applied For 20-3750118 Not Applicable			
Zip	Country	Zip	Country		5. Certificate of	f Status Desired	\$8.75 Ad Fee Requir	
	6. Name and Address of Current	No	7. Name and Address of New Registered Agent					
HANNAH, RUTHIE				No Change				
8291 NORMANDY BLVD. JACKSONVILLE, FL. 32220				Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32220				10385 Old Plank Rd.				
				City Social Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing its	registered off	ice or register	ed agent, or both		lorida. I am familiar with	
the obligat	ions of registered agent.	1	-	-	•			·
SIGNATURE Kuther Harrah 2-11-08								
	Signature, typed or printed name of registered agent	and the # applicable. (NU)	E: Registered Agen	tagnature required	when reinstating)	•	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees			
10.	OFFICERS AND		11.	1	ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR	
TITLE NAME	P HANNAH, RUTHIE	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	3		STREET ADD	ress				
CITY-ST-ZIP			CITY-ST-ZI					
TITLE NAME	V Delete DYKES, JAMES L		THTLE				Change	☐ Addition
STREET ADDRESS	1134 CHANDLER OAK DRIVE		NAME STREET ADD	RESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32201		CITY-ST-Z	•				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME Street Andress			NAME STREET ADD	DECC				
C/TY-ST-ZIP			CITY-ST-Zii					1
TITLE		☐ Delete	TITLE	······································			☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADD					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADD					İ
PHEV_CT - NO	i		ואל לום ערקוין	D				
CITY-ST-ZIP		☐ Delete	CITY-ST-ZI	P			∏ Changa	☐ Addition
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZII TITLE NAME	P			Change	Addition
ntle Name Street address		☐ Delete	TITLE				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		TITLE NAME STREET ADO CITY-ST-ZII	RESS				

indicated on this report of 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 Statules; 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.

Ha

2-11-08

(904)838-4654