

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000167384 1. Entity Name SMALL BUSINESS REALTY, INC.																													
Principal Place of Business 8409 TIBET BUTLER DRIVE WINDERMERE FL 34786			Mailing Address 8409 TIBET BUTLER DRIVE WINDERMERE FL 34786																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Zip Country			4. FEI Number 41-2191012 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			1st MOORE CR2E034 (10/07)																										
6. Name and Address of Current Registered Agent MOPE, DENNIS J 8409 TIBET BUTLER DRIVE WINDERMERE FL 34786				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 3-21-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOPE, DENNIS J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8409 TIBET BUTLER DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINDERMERE FL 34786</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	MOPE, DENNIS J		STREET ADDRESS	8409 TIBET BUTLER DRIVE		CITY-ST-ZIP	WINDERMERE FL 34786		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>000000879219</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>04/15/08-80012-011</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>150.00</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	000000879219		STREET ADDRESS	04/15/08-80012-011		CITY-ST-ZIP	150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #