## **2007 FOR PROFIT CORPORATION**

## FILED May 03, 2007 8:00 am Secretary of State

ANNUAL REPORT	•
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DOCUMENT # P06000067953  1. Entity Name DE LA PIEDRA REALTY, INC.								05-03-2007	90048 0	24 ***15	0.00	
Principal Place of Business				ailing Address		1 .01	103411					
905 E. HATTON ST. PENSACOLA, FL 32503				905 E. HATTON ST. PENSACOLA, FL 32503			4U	[ O D D D				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Chg-P	CR2E0	34 (12/06)		
City & State				City & State		4. FEI Numb	588289			plied For at Applicable		
Zip		Country		Zip	Cour	itry		of Status Desired		\$8.75 Add	litional	
	6. Name	and Address of Curr	ent Regis	tered Agent	<u>'                                    </u>		7. Name and	d Address of New R	legistered /	Agent		
MOVENTU		,				Name		-				
MCKENZIE, RANDY 905 E. HATTON ST. PENSACOLA, FL 32503						Street Address (P.O. Box Number is Not Acceptable)						
						City	·		FL	Zip Code	е	
8. The above the obligat	named enti	ty submits this statement elered agent.	nt for the p	ourpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. I am i	lamiliar with,	and accept	
SIGNATURE_	Signature, type	d or printed name of registered a	gent and tide	if applicable. (NOT	E: Registere	ed Agent signature requir	ed when reinstating)		DATE			
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$55	60.00	9. Election Campa Trust Fund Cont	-	· - •	5.00 May Be					
10.		OFFICERS A	NO DIREC	CTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN \$1	
INTE	DPST			☐ Delete	TITL	E				☐ Change	Addition	
NAME Street address	DE LA PIEDRA, JACK 905 E. HATTON ST. stre					ie Eet address						
CITY-ST-ZIP	l	OLA, FL 32503				-ST-ZIP						
TITLE				☐ Delete	TITL	E	•			☐ Change	Addition	
NAME	, nan					_						
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP						
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TITLE				☐ Delete	TITL			<del>_</del>		☐ Change	☐ Addition	
NAME Street address					NAM	EET ADORESS						
CITY-ST-ZIP	L				CITY	-ST-ZIP	a.					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of expolemental 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 of trustee empowered by execute this report is required by Chapter 507, 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.											ntormation or director Block 11 if	
SIGNAT	URE	$(\Delta)$	1 /	$\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{$	M	$\bigcup$		4-30-2	007			
	\	SIGNATURE AND TYPED	OF PRINTER	NAME OF SIGNING OFFICER	OR DIRE	TOR		Date	D	aytıma Phone #		