FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000095256

1. Entity Name

D P FINN REALTY, INC.

FILED
09 MAY 29 PM 4:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (8/05)

2. Principal Place of Business	3. Mailing Address
1401 5th Street N	1401 5th Street N.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33704 Country: U.S.A.	Zip: 33704 Country: U.S.A.

4. FEI Number: 65-1286830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Daniel Finn

Street Address (P.O. Box Number is Not Acceptable): 1401 5th Street N.

City: St. Petersburg FL Zip Code: 33704

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Daniel Finn
STREET ADDRESS	1401 5th Street N.
CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	V.President, Secretary, Treas.
NAME	Patricia Finn
STREET ADDRESS	1401 5th Street N.
CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	
NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Finn Patricia Finn 4/29/09 727-823-4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone