


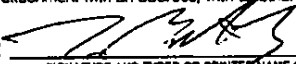
# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/11/2007-90029-025-\$150.00-\$150.00

FILED

07 JUN 11 PM 4:02

STATE OF FLORIDA  
ALLAHAMPS, FLORIDA

<b>DOCUMENT # P06000146287</b>			
1. Entity Name <b>CT ENTERPRISES &amp; REAL ESTATE, INC.</b>			
Principal Place of Business <b>374 STONEHURST PKWY ST. AUGUSTINE, FL 32092-5017</b>		Mailing Address <b>374 STONEHURST PKWY ST. AUGUSTINE, FL 32092-5017</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, TIMOTHY L 374 STONEHURST PKWY ST. AUGUSTINE, FL 32092-5017		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, TIMOTHY L 374 STONEHURST PKWY ST. AUGUSTINE, FL 320925017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REID, CHRISTOPHER J 374 STONEHURST PKWY ST. AUGUSTINE, FL 320925017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 4-27-07 Daytime Phone #: 904-525-7684	