


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000001607
 1. Entity Name
FLORIDA TREND REAL ESTATE, INC.



Principal Place of Business: **142 PINE HILL TRAIL W. TEQUESTA FL 33469**
 Mailing Address: **142 PINE HILL TRAIL W. TEQUESTA FL 33469**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
RIPMA, GORDON R
142 PINE HILL TRAIL
TEQUESTA FL 33469

4. FEI Number: **65-0376247** Applied For: Not Applied:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: _____ (NOTE: Registered Agent signature required when re-issuance) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: STD <input type="checkbox"/> Delete	NAME: RIPMA, GORDON	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 142 PINE HILL TRAIL	CITY-ST-ZIP: TEQUESTA FL 33469		U00000498842
TITLE: PD <input type="checkbox"/> Delete	NAME: RIPMA, JERILEE		04/17/06-80021-023 150.00
STREET ADDRESS: 142 PINE HILL TRAIL	CITY-ST-ZIP: TEQUESTA FL 33469		
TITLE: <input type="checkbox"/> Delete	NAME: _____		
STREET ADDRESS: _____	CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete	NAME: _____		
STREET ADDRESS: _____	CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete	NAME: _____		
STREET ADDRESS: _____	CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete	NAME: _____		
STREET ADDRESS: _____	CITY-ST-ZIP: _____		

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 an other like empowered

SIGNATURE: _____ **3/31/06 5617440301**