


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90092 018 \*\*\*150.00

<b>DOCUMENT # P92000003066</b>		
1. Entity Name <b>SENTRY REALTY, INCORPORATED</b>		

Principal Place of Business <b>2247 PALM BEACH LAKES BLVD., SUITE 20 WEST PALM BEACH FL 33409</b>	Mailing Address <b>2247 PALM BEACH LAKES BLVD., SUITE 20 WEST PALM BEACH FL 33409 US</b>
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2. Principal Place of Business <b>631 US HWY ONE</b>	3. Mailing Address <b>631 US HWY ONE</b>
Suite, Apt. #, etc. <b>SUITE 406</b>	Suite, Apt. #, etc. <b>SUITE 406</b>
City & State <b>NORTH PALM BEACH FLORIDA</b>	City & State <b>NORTH PALM BEACH FLORIDA</b>
Zip <b>33408</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0477954</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MACKEY, WALTER J JR 2247 PALM BEACH LAKES BLVD SUITE 204 NORTH PALM BEACH FL 33408</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>631 US HWY ONE SUITE 406 NORTH PALM BEACH FL 33408</b>

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</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKEY, WALTER J JR. 772 LAGOON DRIVE NORTH PALM BEACH FL 33408 <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	DC KRUMM, WALTER T 4951 GULFSHORE BLVD. NORTH, PNTHE. 301 NAPLES FL 33940 <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	ST WILLIAMS, EDWARD S 6080 TERRA ROSA CIRCLE BOYNTON BEACH FL <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **WALTER J. MACKEY, JR., PRESIDENT 4/05/05 (561)848-8760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #