2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000009887

1. Entity Name
PONTE VEDRA BEACH REALTY, INC.



FILED Mar 24, 2008 08:00 A Secretary of State

Principal Place of Business

111-C SOLANO RD PONTE VEDRA BEACH, FL 32082 Mailing Address

111-C SOLANO RD

PONTE VEDRA BEACH, FL 32082



DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3155374 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, KIM M 8160 SEVEN MILE DR. PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	urpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title ii	applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD DAVIS, KIM M 8160 SEVEN MILE DR. PONTE VEDRA BEACH, FL 32082	TORS			000000868103 _04/08/08-80038-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				(
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME				IN"	THIS SPACE
STREET ADORESS CITY-ST-ZIP					

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:

NAME STREET ADDRESS CITY-ST-7IP

NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

Daytime Phone #