2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2008 08:00 AN DOCUMENT # P93000016723 1. Entity Name **Secretary of State** FLORIDA REAL ESTATE DEPOSIT, INC. Principal Place of Business Mailing Address 1421 COLONIAL BLVD. FORT MYERS FL 33907 1421 COLONIAL BLVD FORT MYERS FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 65-0393592 Not Applicable Zip Country Z:DCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNOTT, GEORGE H Street Address (P.O. Box Number is Not Acceptable) 1625 HENDRY STREET, SUITE 301 FORT MYERS FL 33901 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. Signature, typed or printed warre of registrop indentians the foscillation. (NOTE Registered Ager Laighbturn requires whos remembing DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DSPT TITEF TIT: F Derete HULL, RHONDA L MAME NAME STREET ADDRESS 1370 SUNBURY DRIVE STREET ADDRESS FT. MYERS FL 33931 CITY-ST-ZIP CITY-ST-ZIP TIT: E TITLE ☐ Derete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY+ST-ZIP DTI F De ete TOTALE Change Addition U000000805766 NAME NAME 02/06/08-80014-024 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 100 F ☐ Delete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TIT' F Defeto TITLE ☐ Change Addition MAME NAME

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

STREET ADDRESS

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