

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000063519

1. Entity Name
F.C.R. INC., REALTY



Principal Place of Business
**2500 AIRPORT RD S
STE 209
NAPLES, FL 34112 US**

Mailing Address
**2500 AIRPORT RD S
STE 209
NAPLES, FL 34112 US**

FILED
05 NOV -7 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0482034

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIHOK, VALERIE
365 CARNABY COURT
NAPLES, FL 34112**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIHOK, CHRISTIAN A
1063 GRINDLE BRIDGE RD
DAHLONEGA, GA 30533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
DAVID A. COPPER
15450 CEDARWOOD LANE
NAPLES, FL 34110** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RYALL, EVELYN
509 HILLCREST AVE
TITUSVILLE, FL 32796** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200061183172
11/07/05--01008--003 **\$61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Evelyn L Ryall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-05 321-2649631
Date Daytime Phone #

11-01-05 321-2649631