2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM DOCUMENT # P93000084379 **Secretary of State** 1. Entity Name THE PRESERVE REALTY, INC. Principal Place of Business Mailing Address 2201 CANTU COURT STE 104 SARASOTA FL 34232 2201 CANTU COURT ŠARAŠOTA FL 34232 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0454981 Not Applicable Zip Country Country \$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 STARLING, FRED M 2201 CANTU COURT Street Address (P.O. Box Number is Not Acceptable) SUITE 200 SARASOTA FL 34232 City 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 reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change Addition Delete NAME STARLING, FRED M NAME 2201 CANTU COURT STE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change DUE Delete HILE Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HUE ☐ Change Addition DILE Delete NAME NAME U00000236361 STREET ADDRESS STREET ADDRESS 02/21/05-80014-015 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

FILED

SIGNATURE: FRED M. STARLIN, PRES. 2/16/05 941-378-3811

SIGNATURE AND TYPED OR PRHYTED NAME OF SIGNING OFFICER OR DIRECTOR COINE

changed, or on an attachment with an address, with all other like empowered

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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