


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000087198</b> 1. Entity Name KRR REALTY, INC.	
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Principal Place of Business 3450 W. BUSCHWOOD PARK DR. SUITE 195 TAMPA, FL 33618	Mailing Address 3450 W. BUSCHWOOD PARK DR. SUITE 195 TAMPA, FL 33618
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<b>DO NOT WRITE IN THIS SPACE</b>
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02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3218849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NESBITT, STEVEN M 3450 W. BUSCHWOOD PARK DR. SUITE 195 TAMPA, FL 33618
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALENTI, DARRELL J 3450 W. BUSCH BLVD., SUITE 195 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NESBITT, STEVEN M 3450 W BUSCH BLVD STE 195 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>000000287282 04/04/05-80062-003 150.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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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:** Steven M Nesbitt 02/15/2005 813-935-8777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #