



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90024 019 \*\*\*150.00

<b>DOCUMENT # P95000028163</b> 1. Entity Name <b>PEOPLE'S CHOICE REALTY, INC.</b>					
Principal Place of Business <b>4530 S.W. 46TH STREET</b> <b>OCALA, FL 34474 US</b>				Mailing Address <b>4530 S.W. 46TH STREET</b> <b>OCALA, FL 34474 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04222005    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>59-3314339</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>SANZENI, HELEN T</b> <b>4530 SW 46TH ST</b> <b>OCALA, FL 34474</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Heleen T. Sanzeni Pres.</i></u> DATE: <u>5-13-05</u> <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) (Check dated 4-8-05) (letter 505A00031343)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANZENI, HELEN T 4530 SW 46 ST OCALA, FL 34474		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Heleen T. Sanzeni Pres.</i></u> DATE: <u>5-13-05</u> <small>(Signature and typed or printed name of signing officer or director. Date Daytime Phone #)</small>					

(ck dated 4-8-05 - letter)