2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT									
1. Entity Nam	e	# P95000063 REALTY, INC.	3474		FILED  05 MAR II PM 5: 35  SECKETARY OF STATE TALLAHASSIE TEORIDA				
Principal Plac	e of Busines	s	Mailing Address	Mailing Address			SECRETA	RY OF STATE	١
267 JOHN KM	NOX ROAD		267 JOHN KNOX ROAD				TALLAHAS	Cit ( ) Folder	
SUITE 112 TALLAHASSEE, FL 32303			SUITE 112 TALLAHASSEE, FL 32303						
2. Principal Place of Business			Mailing Address     Suite, Apt. #, etc.						
Suite, Apt. #, etc.  City & State			City & State			03112005 4. FEI Number	Chg-P	CR2E034 (10/03)	OD oplied For
Only & State			Only di Otale			59-3331	395	<del></del>	ot Applicable
Zip	Country		Zip Count		itry	5. Certificate o	Status Desired	S8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
BOYNTON, BEN					Name				
267 JOHN KNOX ROAD SUITE 112					Street Address (P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE, FL	32303							
					City			FL Zip Cod	е
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									
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees									
10.		OFF!CERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	PSTD Delete III							Change	☐ Addition
name Street address	BOYNTON, BEN 267 JOHN KNOX RD., STE. 112				ET ADDRESS	03/22	/0501007	329963 009 **150	nn l
CITY-ST-ZIP	TALLAHASSEE, FL 32303				-ST-ZIP	007 664	05 01001	000 4-4100	•••
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12. I hereby certify that the information supplied with this filling 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 in trustee empowered (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: Date Daytime Phone #									