

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000065167

Entity Name

THE REAL ESTATE CENTER, INC.



Principal Place of Business

**2801 SW COLLEGE RD., UNIT #2, BOX 25
OCALA, FL 34474**

Mailing Address

**2801 SW COLLEGE RD., UNIT #2, BOX 25
OCALA, FL 34474**



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **57-1029811** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WRIGHT, LAURA M
2801 SW COLLEGE RD., UNIT #2, BOX 25
OCALA, FL 34474**

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IN THIS SPACE**

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 re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAINBRIDGE, JAMES E
STREET ADDRESS	5353 SW 84TH STREET
CITY-ST-ZIP	OCALA, FL 34478
TITLE	VSTD
NAME	WRIGHT, LAURA M
STREET ADDRESS	8724 SW 109TH STREET
CITY-ST-ZIP	OCALA, FL 34481
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-88111-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Laura M. Wright **Laura M. Wright** 3/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)
873-8733