## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## Secretary of State DOCUMENT # P95000077266 03-22-2006 90015 037 \*\*\*150.00 1 Entity Name PHILJAK REALTY INC. Principal Place of Business Mailing Address 3101 N. HWY. A1A MELBOURNE FL 32903 3101 N. HWY. A1A MELBOURNE FL 32903 2. Principal Place of Business 3. Mailing Address 365 Eutay Court 365 EuTau Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For Ind Har Boh 59-3350395 Ind Har Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32937 USH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALLAUER, JOHN Address (P.O. Box Number is Not Acceptable) 3101 N. HWY. A1A MELBOURNE FL 32903 City Indian Harbour 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) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 37.7 Ballauer, John TITLE ☐ Delete TITLE BALLAUER, JÖHN NAME NAME 365 EuTau Court STREET ADDRESS 3101 N. HWY: A1A STREET ADDRESS Indian Harbour 13ch, FL CITY-ST-ZIP MELBOURNE FL 32903 CITY-ST-ZIP ☐ Delete TITLE Ballauer John NAME BALLAUER, JOHN NAME 365 EUTAN COUTT STREET ADDRESS STREET ADDRESS 3101 N HWY A1A MELBOURNE FL 32903 CITY-ST-ZIP CUTY-ST-ZIP Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 estachment with an address, with an other like empowered.

FILED

Mar 22, 2006 8:00 am

3/12/06 321-773-9260