

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089174

Entity Name: 100% REALTY, INC.

FILED  
Feb 22, 2007  
Secretary of State

## Current Principal Place of Business:

144 MARY ESTHER BLVD  
SUITE 16  
MARY ESTHER, FL 32569 US

## Current Mailing Address:

144 MARY ESTHER BLVD  
SUITE 16  
MARY ESTHER, FL 32569 US

FEI Number: 59-3343607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, ROBIN D  
43 KATHLEEN DRIVE  
MARY ESTHER, FL 32569 US

## New Principal Place of Business:

144 MARY ESTHER BLVD  
SUITE 12  
MARY ESTHER, FL 32569 US

## New Mailing Address:

144 MARY ESTHER BLVD  
SUITE 12  
MARY ESTHER, FL 32569 US

## Name and Address of New Registered Agent:

DAVIS, ROBIN D  
117 TRAILWOOD LANE  
CRESTVIEW, FL 32539 US

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.

SIGNATURE: ROBIN D DAVIS

02/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: LICARI, CHARLES J  
Address: 343 SHANNON COURT  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: PTD ( ) Delete  
Name: DAVIS, ROBIN D  
Address: 141 DEVILLE DR.  
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete  
Name: KRAHENBUHL, DAVID W  
Address: 329 OLDE POST RD.  
City-St-Zip: NICEVILLE, FL 32578

Title: DS ( ) Delete  
Name: KRAHENBUHL, DONNA L  
Address: 329 OLDE POST RD.  
City-St-Zip: NICEVILLE, FL 32578

Title: VP ( ) Delete  
Name: HICKENBOTHAM, RICHARD J  
Address: 139 WALTON WAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: DAVIS, ROBIN D  
Address: 117 TRAILWOOD LANE  
City-St-Zip: CRESTVIEW, FL 32539

Title: DT (X) Change ( ) Addition  
Name: KRAHENBUHL, DAVID W  
Address: 329 OLDE POST RD.  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN D DAVIS

PRES

02/22/2007

Electronic Signature of Signing Officer or Director

Date