

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90165 033 \*\*\*150.00

|                                             |                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000095598</b>              |  |
| 1. Entity Name<br><b>TIOGA REALTY, INC.</b> |                                                                                   |

|                                                                                  |                                                                     |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>13151 NEWBERRY ROAD<br/>TIOGA, FL 32669 US</b> | Mailing Address<br><b>PO BOX 13461<br/>GAINESVILLE, FL 32604 US</b> |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------|

**94068768**



|                                                              |                      |
|--------------------------------------------------------------|----------------------|
| 2. Principal Place of Business<br><b>105 SW 128th Street</b> | 3. Mailing Address   |
| Suite, Apt. #, etc.                                          | Suite, Apt. #, etc.  |
| City & State<br><b>Tioga FL</b>                              | City & State         |
| Zip<br><b>32669</b>                                          | Country<br><b>US</b> |

04232004 Chg-P CR2E034 (10/03)

|                                                                                                                    |  |                                                        |
|--------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3363198</b>                                                                                 |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                          |  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Name and Address of Current Registered Agent<br><b>DIAZ, LUIS A<br/>13151 NEWBERRY ROAD<br/>TIOGA, FL 32669</b> |  | 7. Name and Address of New Registered Agent            |
| Name                                                                                                               |  |                                                        |
| Street Address (P.O. Box Number is Not Acceptable)                                                                 |  |                                                        |
| City                                                                                                               |  | FL Zip Code                                            |

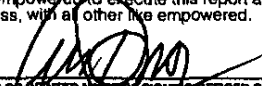
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                          |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>DIAZ, LUIS A<br>13151 NEWBERRY ROAD<br>TIOGA, FL 32669 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>105 SW 128th Street<br/>Tioga FL 32669</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DIAZ, MIGUEL J<br>13151 NEWBERRY ROAD<br>TIOGA, FL 32669 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>105 SW 128th Street<br/>Tioga FL 32669</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MINCK, DEBORAH<br>13151 NEWBERRY ROAD<br>TIOGA, FL 32669 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>105 SW 128th Street<br/>Tioga FL 32669</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DIAZ, ANNELIESE<br>13151 NEWBERRY ROAD<br>TIOGA, FL 32669 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>105 SW 128th Street<br/>Tioga FL 32669</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DIAZ, MARIA T<br>13151 NEWBERRY RD<br>TIOGA, FL 32669 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>T Cannalla, Luisa<br/>105 SW 128th Street<br/>Tioga FL 32669</b> |

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 fee empowered.

**SIGNATURE:**  **LUIS A. DIAZ** **4/26/04** **352.331/0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #