2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000005747

1. Entity Name
R2 PROPERTY COMPANY LTD., INC.

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90050 050 ***150.00

Principal Place of Business	Mailing Address
1760 CLEARWATER-LARGO ROAD STE #40 CLEARWATER, FL 34616 US	10266 51ST AVE NO ST PETERSBURG, FL 33708 US

01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2500 54th Ave N.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg FL.	City & State
Zip: 33714 Country: usa	Zip Country

4. FEI Number: 59-3354336 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHADOWENS, JUNE P 10266 51 AVE.N. SAINT PETERSBURG, FL 33708	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____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHADOWENS, JEFF D 10266 51ST AVE N ST PETERSBURG, FL 33708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHADOWENS, JUNE P 10266 51ST AVE N ST PETERSBURG, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Jeff Shadowens 1-17-06 727-692-0473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #