2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

								Secretary of State					
DOCUMENT # P9600009240 1. Entity Name HERRLI-ELMORE REALTY, INC.									01-17-2006	90254 004			
Principal Place of Business 1646 STAFFORD LN SARASOTA, FL 34232 SF				iling Address 146 STAFFORD LN PRASOTA, FL 34232	126 3ai	.2 Gu easota 34231	IFG LIF	?ate'De_ 7L 		un um um um Væt	11		
2. Principal Place of Business 3			3. 1	3. Mailing Address									
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.			01052006	Chg-P	CR2E034	(11/05)			
City & State			(City & State				4. FEI Number Applied For 65-0641647 Not Applicable					
Zip	Country		Ī	lip	Count			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Cur	rent Regist	ered Agent	•	Τ		7. Name and	Address of New	Registered Ag	ent		
** ,						Name						****	
ELMORE, DONNA 1646 STAFFORD LN SARASOTA, FL 34232					•			Street Address (P.O. Box Number is Not Acceptable)					
					City					FL	Zip Code	,	
	tions of regis	tered agent.		urpose of changing its i					th, in the State of		miliar with,	and accept	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require								d when reinstating)		DATE			
FIL After Ma	9. Election Campaiq Trust Fund Contr	•		\$5 Add	.00 May Be led to Fees								
10. OFFICERS AND DIRECTO				CTORS	11			ADDITIONS	CHANGES TO C	FFICERS AND [DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, DONNA AFFORD LN TA, FL 34232		☐ Delete	STI	LE Me Reet address 'Y-St-Zip	_			•	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NA ST	LE Me Reet address IY-ST-7IP					☐ Change	Addition	
THLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete	TITI NA ST CI	ile Ime Reet address Ty-St-Zip					☐ Change	Addition Addition	
TITLE				☐ Delete	III	ILE					☐ cuande.		

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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) OMMO & LIMBO

TENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

Defete

1-11-06

Daytime Phone #

Change

☐ Change

Addition

☐ Addition