## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 12, 2005 08:00 AM DOCUMENT # P96000019447 1. Entity Name **Secretary of State** JAPANESE GARDENS REALTY, INC. Mailing Address Principal Place of Business 6181 TEAHOUSE RD. VENICE FL 34293 6181 TEAHOUSE RD. VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0664442 Not Applicable Zip Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KORP, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 333 S. TAMIAMI TRAIL SUITE 199 VENICE FL 34285 City 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 little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NEWELL, HERBERT JR NAME NAME U00000260705 STREET ADDRESS 641 DELPHINOUM STREET ADDRESS 03/12/05-80035-007 150.00 CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP VP THILE Delete THE ☐ Change Addition NAME RIGALI, JOHN NAME STREET ADDRESS 5791 SUNFLOWER STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP TITLE Defete mne Change Change ☐ Addition NAME NAME WILSON, DIANE STREET ADDRESS STREET ADDRESS 5681 TEAHOUSE CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP TITLE TJT\ F Change ☐ Addition Delete TAYLOR, JOHN NAME NAME 730 DAHLIA STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-51-7P CITY - ST - ZIP ☐ Addition ☐ Change nnrDelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CULY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

Daytime Phone #