

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068684

Entity Name: TAMAMI REALTY, INC.

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

1642 MEDICAL LANE  
FORT MYERS, FL 33907

## New Principal Place of Business:

1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907

## Current Mailing Address:

1642 MEDICAL LANE  
FORT MYERS, FL 33907

## New Mailing Address:

1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907

FEI Number: 65-0688606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, H N  
1642 MEDICAL LANE  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

SCOTT, H N  
1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907 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:

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCOTT, H N  
Address: 1642 MEDICAL LANE  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SCOTT, H N  
Address: 1642 MEDICAL LANE  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify 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: H. NEAL SCOTT

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date