2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000070096

PRICE REALTY & ASSOCIATES, INC.

FILED Jan 29, 2007 08:00 AM Secretary of State

CD2E034 (44/05)

Fee Required

Principal Place of Business

2400 W MICHIGAN AVE STE 6 PENSACOLA, FL 32526

Mailing Address

2400 W MICHIGAN AVE STE 6 PENSACOLA, FL 32526 US



DO NOT WRITE IN THIS SPACE

Ü	1242007 110 Olig-1	0122004 (11103)		
4.	FEI Number		Applied For	
	59-3401235	/	Not Applicabl	
	Certificate of Status Desired	\$8.75 Additional		

6. Name and Address of Current Registered Agent

PRICE, LONNIE R **622 SAWARE CIRCLE** PENSACOLA, FL 32506

SIGNATURE:

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	a named entity submits this statement for the pations of registered agent.	ourpose of changing its registered	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE; Registered	Agent signatur	e required when reinstaling)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		 	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, LINDA G 622 SAWARA CIRCLE PENSACOLA, FL 32506				
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, LONNIE R 622 SAWARA CIRCLE PENSACOLA, FL 32506				U00000610491 02/02/07-80024-010 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in :	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•

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.