2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED . Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # P96000100670 1. Entity Name BUNTROCK REALTY GROUP, INC. Principal Place of Business Mading Address 29 GEORGETOWN 29 GEORGETOWN FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0714885 Not Applicat Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUNTROCK, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 29 GEORGETOWN FORT MYERS FL 33919 City 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May ₽ Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ☐ Change TITLE TITLE Delete U00000403066 NAME NAME BUNTROCK, ROBERT F 02/03/06-80032⁻017 150**.0**0 STREET ADDRESS 29 GEORGETOWN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addide ☐ Delete TITLE THILF NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Artivin ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance ☐ Addition BILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Add" Delete THLE BILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.