2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

1. Entity Name MOUNT DORA REAL ESTATE CO.		į			003 30707	001 ***60	50.00
Principal Place of Business Mailing Address P0 B0X 121149 P0 B0X 121149 CLERMONT, FL 34712 CLERMONT, FL 34712				DUUAV	•••		
2. Principal Place of Business 428 E. Fifth Ave 3. Mailing Address 428 E. Fifth		Ave	<u> </u>				
Suite, Apt. #, etc. Suite, Apt. #, etc.			03242005 Chg-P CR2E034 (10/		034 (10/03)		
City & State Mt Dora, F1 City & State Mt Dora, F1			•			t Applicable	
Zip Country 32757 Lake	^{Zip} 32757	Count Lake	•	5. Certificate of Status Desire	_	\$8.75 Add Fee Required	
6. Name and Address of Current	Registered Agent		Name	7. Name and Address of Ne	w Registered	Agent	
MAGRONE, NICHOLAS 428 E. FIFTH AVE			Street Address (P.O. Box Number is Not Acceptable)				
MT. DORA, FL 32757		[-	•		
		ļ	City		FI	Zip Code	· ·
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registere	ed office or register	red agent, or both, in the State of		_	and accept
SIGNATURE							
Signature, typed or printed name of registured agent	and title d applicable. (NO1E	: Registered	1 Agent signature required	d when reinstating)	DATE		
							1
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Contr			.00 May Be ded to Fees			
After May 1, 2005 Fee will be \$550. 10. OFFICERS AND	OO Trust Fund Contr			.00 May Be ded to Fees ADDITIONS/CHANGES TO	OFFICERS AN		
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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 trusted 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: _

Nicholas B. Magrone YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

352-735-4755

Daytime Phone #