

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90220 005 ***150.00

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02092006 Chg-P CR2E034 (11/05)

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|--|---|---|---|---|--|
| DOCUMENT # P97000007351 1. Entity Name CENTRAL PARK REALTY CORPORATION | | | | | |
| Principal Place of Business 850 SOUTH TAMiami TRAIL SUITE ONE SARASOTA, FL 34236 US | | | Mailing Address 850 SOUTH TAMiami TRAIL SUITE ONE SARASOTA, FL 34236 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 65-0733875 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SHEA, JOHN 630 SOUTH ORANGE AVE. SARASOTA, FL 34236 | | | Name SHEA, JOHN J. | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 269 SOUTH OSPREY AVENUE, STE 100 | | |
| | | | City SARASOTA | | FL Zip Code 34236 |
| 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 4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRYANS, ROSS 3876 TORREY PINES BLVD SARASOTA, FL 34238 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRYANS, ROSS 3628 BOCA POINTE DRIVE SARASOTA, FL 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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. | | | | | |
| SIGNATURE: | | ROSS BRYANS | | Date 4/19/06 | Daytime Phone # 941-809-0034 |