

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90129 004 ***150.00

DOCUMENT # P97000020545 1. Entity Name NEW GENERATION REALTY OF GAINESVILLE, INC.			
Principal Place of Business 5538 A.N.W. 43RD STREET GAINESVILLE, FL 32653		Mailing Address 5538 A.N.W. 43RD STREET GAINESVILLE, FL 32653	
2. Principal Place of Business - No P.O. Box # 15207 W Newberry Road Suite, Apt. #, etc.		3. Mailing Address 14260 W Newberry Road Suite, Apt. #, etc. PMB #163	
City & State Newberry, FL Zip 32669 Country US		City & State Newberry, FL Zip 32669 Country US	
4. FEI Number 59-3433452		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, BONNIE L 5538 A.N.W. 43RD STREET GAINESVILLE, FL 32653 324 NW 154th St Newberry, FL 32669		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	ST ROSS, BONNIE L 2004 NW 462ND ST NEWBERRY, FL 32669	TITLE NAME STREET ADDRESS CITY-ST-ZIP	324 NW 154th Street Newberry, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, CORNELIA B P O BOX 21 EARLETON, FL 32631	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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: <u>Bonnie L Ross</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/18/07</u> <small>Date</small>	