

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90013 026 \*\*\*150.00

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|--|--|---|---|--|--|
| <b>DOCUMENT # P97000025755</b>   |  |   |   |  |  |
| <b>1. Entity Name</b><br>SLEEPY OAKS REALTY, INC.  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>249 SLEEPY OAKS ROAD<br>FT. WALTON BEACH, FL 32548   |  |   | <b>Mailing Address</b><br>249 SLEEPY OAKS ROAD<br>FT. WALTON BEACH, FL 32548  |  |  |
| <b>2. Principal Place of Business</b><br>515 Eglin Pkwy.   |  | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| <b>City &amp; State</b><br>Ft. Walton Bch, FL  |  | <b>City &amp; State</b>   |   | <b>4. FEI Number</b><br>59-3446119   |  |
| <b>Zip</b><br>32547  |  | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BROWN, MARY C<br>249 SLEEPY OAKS ROAD<br>FT. WALTON BEACH, FL 32548  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |  |
| <b>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.</b><br>SIGNATURE: <u>Mary C Brown, Director Mary C. Brown</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BROWN, MARY C<br>249 SLEEPY OAKS ROAD<br>FT. WALTON BEACH, FL 32548 |   | <input type="checkbox"/> Delete   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>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 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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> <u>Mary C Brown, Director Mary C. Brown</u> <u>1/5/05</u> <u>(850) 585-4488</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |  |  |