## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNOAL HEFORT (AR)											
DOCUMENT # P97000029526  1. Entity Name											
JORDYN REA	ALTY INC					FILED 05 FEB 24 FN 12: 54					
Principal Place of Business Mailing Address											
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WELLINGTON FL 33414 US			WELLINGTON FL 33414 US								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CR2E034 (10/0			
City & State			City & State			4. FEI Numb	65-0739426		Not /	lied For Applicable	
Zip	Country		Zip				e of Status Desired	Fee Re	<b>5</b> Additi equired	onal	
6	. Name and	Address of Current R				7. Name and	d Address of New Re	gistered Agent			
MULLE	R, SHERR	Y	ā	Name Street Ad		P.O. Box Numb	per is Not Acceptable)				
206 -		TON TRACE E-4	1								
WELLINGTON FL 33414			•		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											
Signature, typed or printed name of registered agent and talle if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  The property of the property											
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  7 rust Fund										<b>0</b> May Be to Fees	
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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 embowered 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: 2/14/05 561-656-1/18											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Destrict Phone #											