2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000035894

1. Entity Name
GERRI'S REALTY AND MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
857 VANCE CIRCLE NE PALM BAY, FL 32905	857 VANCE CIRCLE NE PALM BAY, FL 32905

DO NOT WRITE IN THIS SPACE

04102005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3452142		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLOYD, GERALDINE
857 VANCE CIRCLE NE
PALM BAY, FL 32905

DO NOT WRITE IN THIS SPACE

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	FLOYD, GERALDINE
STREET ADDRESS	857 VANCE CIRCLE NE
CITY-ST-ZIP	PALM BAY, FL 32905

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80084-014 150.00

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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 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: _Geraldine Floyd_ -Geraldine Floyd   4-10-05   321 727-2388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #