## 2005 FOR PROFIT CORPORATION ---ANNUAL REPORT

## **DOCUMENT # P97000037951**

1. Entity Name

MANOR REAL ESTATE COMPANY



**FILED** May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

26 HIBISCUS STREET N. TARPON SPRINGS, FL 34689 PO BOX 550

TARPON SPRINGS, FL 34688

US



DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number Not Applicable 52-2039062 \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KARANTONIS, PETER 26 HIBISCUS STREET N. TARPON SPRINGS, FL 34689

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol> |                                                                              |                                                         |             |                                |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------|-------------|--------------------------------|-------------------------------------------|
| SIGNATURE                                                                                                                                                                                                                                      |                                                                              |                                                         |             |                                |                                           |
|                                                                                                                                                                                                                                                | E NOW!!! FEE IS \$150.00<br>by 1, 2005 Fee will be \$550.00                  | Election Campaign Financia     Trust Fund Contribution. | 70 <b>E</b> | \$5.00 May Be<br>Added to Fees |                                           |
| 10.                                                                                                                                                                                                                                            | OFFICERS AND DIRECT                                                          | TORS                                                    |             |                                |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                 | PD<br>KARANTONIS, PETER<br>26 HIBISCUS STREET N.<br>TARPON SPRINGS, FL 34689 |                                                         |             |                                |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                 |                                                                              |                                                         |             |                                | 000000358791<br>05/04/05-80129-009 163.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                 |                                                                              |                                                         |             | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                          |                                                                              |                                                         |             | IN .                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                          | -                                                                            |                                                         |             |                                |                                           |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                          |                                                                              |                                                         |             | ~ ·                            |                                           |

12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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. 727.942.4546 SIGNATURE: