


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90196 012 ***150.00

DOCUMENT # P97000055248 1. Entity Name A+ REALTY GROUP, INC.					
Principal Place of Business 304 W LIME STREET TARPON SPRINGS, FL 34689			Mailing Address P.O. BOX 1453 TARPON SPRINGS, FL 33688		
2. Principal Place of Business 605 N. Pinellas Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1453 Suite, Apt. #, etc.			
City & State TARPON SPRINGS, FL		City & State Tarpon Springs, FL		4. FEI Number 59-3503921	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARLAN, BRUCE M 2963 GULF TO BAY BLVD., STE. 265 CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name HARLAN, BRUCE M. Street Address (P.O. Box Number is Not Acceptable) 304 W. Lime St Tarpon Springs, City FL Zip Code 34689		
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 <u><i>Bruce M. Harlan</i></u> BRUCE M. HARLAN April 30, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
BRUCE M. HARLAN FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LOWE, DOUKISSA M <input type="checkbox"/> Delete 304 W LIME ST TARPON SPRINGS, FL 34689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LOWE, DOUKISSA M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 605 N. Pinellas Ave TARPON SPRINGS, FL 34689	
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	
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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><i>Doukissa M. Lowe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DOUKISSA M. LOWE 4/30/06		727-804-1738 <small>Daytime Phone #</small>