

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058724

FILED
Jan 07, 2008
Secretary of State

Entity Name: COYNE REALTY INC.

Current Principal Place of Business:

24830 S TAMIAMI TRAIL
STE 1000
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

25150 BERNWOOD DRIVE
STE. 4
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

24830 S TAMIAMI TRAIL
STE 1000
BONITA SPRINGS, FL 34134 US

New Mailing Address:

25150 BERNWOOD DRIVE
STE. 4
BONITA SPRINGS, FL 34135 US

FEI Number: 59-3456796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COYNE, ELIZABETH A
24830 S TAMIAMI TRAIL STE 1000
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

COYNE, ELIZABETH A
25150 BERNWOOD DRIVE
STE. 4
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE:

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COYNE, ELIZABETH A
Address: 24830 S. TAMIAMI TRAIL, STE. 1000
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: KAUFFMAN, MAUREEN
Address: 24830 S. TAMIAMI TRAIL, STE. 1000
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: COYNE, ANNE E
Address: 24830 S. TAMIAMI TRAIL, STE. 1000
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COYNE, ELIZABETH A
Address: 25150 BERNWOOD DRIVE, STE. 4
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Change () Addition
Name: KAUFFMAN, MAUREEN
Address: 25150 BERNWOOD DRIVE, STE. 4
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S (X) Change () Addition
Name: COYNE, ANNE E
Address: 25150 BERNWOOD DRIVE, STE. 4
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN P. KAUFFMAN

VP

01/07/2008

Electronic Signature of Signing Officer or Director

Date