2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: John C. DAVIS

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P98000028483 1. Entity Name SOUTHEAST COMMERCIAL REALTY, INC. Principal Place of Business Mailing Address 1620 HENDRICKS AVENUE 1620 HENDRICKS AVENUE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3616068 Not Applicat Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENT, FREDERICK H Street Address (P.O. Box Number is Not Acceptable) 1200 RIVERPLACE BLVD., STE 800 JACKSONVILLE FL 32207 City 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May B. 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D TITLE Change And And Se ☐ Delete DAVIS, JOHN C NAME UNNOO0312339 NAME 04/18/05-8008T-010 150.00 STREET ADDRESS 1620 HENDRICKS AVE STREET ADDRESS JACKSONVILLE FL 32207 CHY-ST-7P CHY-SL-7(P TITLE ☐ Delete TITLE ☐ Change Artificia NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7P ☐ Delete THLE THILE ☐ Change Acresin NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZP TITLE ☐ Change Adeiti ын Delete NAME NAME STREET ADDRESS STREET ADDRESS City-S1-3IP CHY-SI-7P ☐ Delete THEF ☐ Change ☐ Additio ICC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THEF THE ☐ Change 🔲 Addiii NAME NAME. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-St-ziP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

FILED