#### 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

#### DOCUMENT # P98000040254

1. Entity Name RX REALTY, INC.



Principal Place of Business

Mailing Address

211 E. INTERNATIONAL SPEEDWAY BOULEVARD SUITE 101 DAYTONA BEACH, FL 3

211 E. INTERNATIONAL SPEEDWAY BOULEVARD SUITE 101

**FILED** Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90317 012 \*\*\*150.00



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03092005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 59-3516572 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMON, URSULA 211 E. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32118

Linda Hangneaves

STREET ADDRESS 3" E. INT'I Speedway Blud

DAYYUNA BEACH, FI 32118

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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	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS			<del></del>				
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	D AMON, URSULA 211 E. INTERNATIONAL SPEEDWAY DAYTONA BEACH, FL 32118	BOULEVARD							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMON, FELIX 211 E. INTERNATIONAL SPEEDWAY DAYTONA BEACH, FL 32118	BOULEVARD							

# DO NOT WRITE IN THIS SPACE

CITY-ST-7IP 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.

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TITLE

NAME

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #