

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

03-17-2008 90023 011 ***150.00

DOCUMENT # P98000082301 1. Entity Name LOSILLIAS REALTY, INC.	
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Principal Place of Business 4022 LOSILLIAS DR. SARASOTA, FL 34238	Mailing Address 4022 LOSILLIAS DR. SARASOTA, FL 34238
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-66005718


02172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

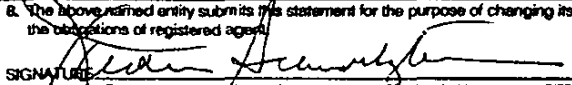
4. FBI Number 65-0877164	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEE, H G
2014 FOURTH STREET
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **3/6/2008**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

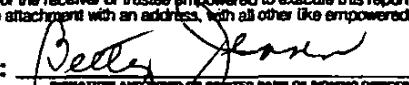
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PO	NAME JENSEN, BETTY J
STREET ADDRESS 4022 LOSILLIAS DR.	CITY - ST - ZIP SARASOTA, FL 34238
TITLE VPD	NAME JENSEN, KAI L
STREET ADDRESS 3100 PLEASANT LN	CITY - ST - ZIP RACINE, WI 53405
TITLE STD	NAME SCHWARTZBAUM, JUDITH A
STREET ADDRESS 5840 TIDEWOOD AVE	CITY - ST - ZIP SARASOTA, FL 34231
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

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IN THIS SPACE**

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:  DATE: **3/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR