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.

Principal Place of Business	Mailing Address
4022 LOSILLIAS DR. SARASOTA, FL 34238	4022 LOSILLIAS DR. SARASOTA, FL 34238

-66005718

02172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI 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: _____ 3/6/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PD
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	SARSOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 3/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF ASSIGNED OFFICER OR DIRECTOR Date Daytime Phone #