## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 01, 2006 08:00 AM DOCUMENT # P98000084222 **Secretary of State** 1. Entity Name ILENE MIRMAN REALTY, INC. Principal Place of Business Mailing Address 4183 SHELL ROAD 4183 SHELL ROAD SARASOTA, FL 34242 SARASOTA, FL 34242 CR2E034 (11/05) 01302008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0865237 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE MIRMAN, ILENE 4183 SHELL ROAD SARASOTA, FL 34242 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MIRMAN, ILENE NAME STREET ADDRESS 4183 SHELL RD U00000413362 02/11/06-80016-008 150.00 SARASOTA, FL 34242 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -57-27P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby 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 a eddress, with all other like empowered.

SIGNATURE:

STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-5T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

Applied For

Not Applicable

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