2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90026 036 ***150.00

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02282008 Chg-P CR2E034 (12/06)

DOCUMENT # P99000003654

1. Entity Name
MINNEOLA REALTY, INC.

Principal Place of Business
~~107 NORTH MAIN AVENUE~~
~~MINNEOLA, FL 34715 US~~

Mailing Address
P O BOX 610
MINNEOLA, FL 34755 US

2. Principal Place of Business - No P.O. Box #
19145 S oBrien Rd
Suite, Apt. #, etc.
City & State
Groveland FL
Zip 34736 Country USA

3. Mailing Address
(Same) as above
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3555582
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMPERT, DELPHINE
~~19145 S. O'BRIEN RD~~
~~GROVELAND, FL 34736~~
6827 SW 35th way
Gainesville, FL 32608

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BO LAMPERT, DELPHINE ~~19145~~ S. OBRIEN ROAD GROVELAND, FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lampert, Delphine 6827 SW 35th way Gainesville, FL 32608	☒ Change ☐ Addition
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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: ____________________ 4-14-08 352-241-0082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #