2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 Al Secretary of State

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DOCUMENT # P99000016915 1. Entity Name IMMANUEL REALTY, INC.					S	Secreta	ary of Sta
Principal Plac	e of Business	Mailing Address					
3050 S DALI TAMPA, FL		3050 S DALE MABRY TAMPA, FL 33629		1 18411881 311	I 1848 KAIRI BOIH 1861 BO	:::	
	·				No Chg-P		
DO NOT WRITE IN THIS SPACE				4. FEI Number 59-356	er e	CR2E034 (Applied For Not Applicable
, ;				· ·	of Status Desired		75 Additional Required
	6. Name and Address of Current I	Registered Agent	4			. ,	
LOYD, DOUGLAS 15802 AMBERY DIR. TAMPA, FL 33647					NOT W		
		•		•		,	
	named entity submits this statement for cons of registered agent.	the purpose of changing its register	red office or regis	stered agent, or bo	th, in the State of Flo	orida. I am fami	liar with, and accept
SIGNATURE	. Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Register	ed Agent signature requ	uired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be Added to Fees			
10.	OFFICERS AND I	DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOYD, DOUGLAS 3050 S DALE MABRY TAMPA, FL 33629			•	U000 0471770	100695869 17-80077-	014 150.00
TITLE NAME STREET ADDRESS			1				,
TITLE NAME			-				
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	()
TITLE NAME			,		THIS SF		
STREET ADDRESS CITY-ST-ZIP			4	, ,	er es s		
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		1	,				

12. I hereby certify that the information supplied with this filling 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 argulate 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 into the empowered to fixed the 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:

IGNATURE AND TPED OR PRINTED MONE OF SINNING OFFICER OR DIRECTOR

4/4/07 Date 972-3430

Daytime Phone #