


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000016915  
 1. Entity Name  
 IMMANUEL REALTY, INC.



Principal Place of Business      Mailing Address  
 3050 S DALE MABRY      3050 S DALE MABRY  
 TAMPA, FL 33629      TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**



04032007      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-3567520	Applied For Not Applicable
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5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOYD, DOUGLAS  
 15802 AMBERY DIR.  
 TAMPA, FL 33647

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOYD, DOUGLAS 3050 S DALE MABRY TAMPA, FL 33629
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 04/17/07-80077-014 150.00

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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:       4/4/07      813 972-3430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #