2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-06-2005 90003 027 ***150.00

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1. Entity Name
ALL TYPES OF INVESTMENT PROPERTY REALTY, INC.

66023372

05312005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
261 TAMIAMI TRAIL PUNTA GORDA, FL 33950	261 TAMIAMI TRAIL PUNTA GORDA, FL 33950

2. Principal Place of Business	3. Mailing Address
342 W. ANN ST	22352 Buffalo Av
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Punta Gorda Fl	City & State: Port Charlotte Fl
Zip: 33950 Country: US	Zip: 33952 Country: US

4. FEI Number: 65-0917556 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOURS, WADE
261 TAMIAMI TRAIL
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name: Sours Wade
Street Address (P.O. Box Number is Not Acceptable): 22352 Buffalo Av
City: Port Charlotte FL Zip Code: 33952

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: Wade Sours 5-31-05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SOURS, WADE P 261 TAMIAMI TRAIL PUNTA GORDA, FL 33950	[redacted]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SOURS WADE P 22352 Buffalo Av Port Charlotte, Fl 33952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wade Sours 7-15-05 941 204 0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #