


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90203 001 \*\*\*150.00

**60030700**

DOCUMENT # P99000061178					
1. Entity Name PACESETTER REALTY, INC.					
Principal Place of Business <del>2019 CENTRE POINTE BLVD</del> <del>SUITE 101</del> <del>TALLAHASSEE, FL 32308</del>			Mailing Address <del>2019 CENTRE POINTE BLVD</del> <del>SUITE 101</del> <del>TALLAHASSEE, FL 32308</del>		
2. Principal Place of Business <u>446 Conradi Street</u>			3. Mailing Address <u>P.O. Box 12579</u>		
Suite, Apt. #, etc. <u>H 107</u>			Suite, Apt. #, etc.		
City & State <u>Tallahassee, FL</u>			City & State <u>Tallahassee FL</u>		
Zip <u>32304</u>		Country <u>USA</u>		Zip <u>32317</u>	
				Country <u>USA</u>	
4. FEI Number <u>59-3589379</u>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  MOTTICE, JOHN P <del>2019 CENTRE POINTE BLVD</del> <del>SUITE 101</del> <del>TALLAHASSEE, FL 32308</del>			7. Name and Address of New Registered Agent  Name <u>Mottice, John P</u> Street Address (P.O. Box Number is Not Acceptable) <u>446 Conradi St., H 107</u>  City <u>Tallahassee</u> FL Zip Code <u>32304</u>		
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 <u>[Signature]</u> <u>John P. Mottice, Director</u>				DATE <u>4/26/06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOTTICE, JOHN P <input type="checkbox"/> Delete <del>2019 CENTRE POINTE BLVD SUITE 101</del> <del>TALLAHASSEE, FL 32308</del>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS MOTTICE, H J <input type="checkbox"/> Delete <del>2019 CENTRE POINTE BLVD SUITE 101</del> <del>TALLAHASSEE, FL 32308</del>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Same) <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>446 Conradi St., H 107</u> <u>Tallahassee, FL 32304</u>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS (Same) <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>446 Conradi St., H 107</u> <u>Tallahassee, FL 32304</u>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>[Signature]</u> <u>John P. Mottice, Director</u>				Date <u>4/26/06</u> Daytime Phone # <u>850-386-2117</u>	