2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S51541

1. Entity Name
RUSSELL REALTY, INC.

Principal Place of Business	Mailing Address
847 US 27 SOUTH LAKE PLACID, FL 33852 US	847 US 27 SOUTH LAKE PLACID, FL 33852 US

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3066946	Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, MELISSA P.
847 US 27 SOUTH
LAKE PLACID, FL 33852

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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_____   DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DPV
NAME	RUSSELL, MELISSA P.
STREET ADDRESS	847 US 27 SOUTH
CITY-ST-ZIP	LAKE PLACID, FL

TITLE	ST
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STREET ADDRESS	847 US 27 SOUTH
CITY-ST-ZIP	LAKE PLACID, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80003-019 150.00

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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: *Melissa P. Russell* Melissa P. Russell 1/9/08 (863)465-4811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #