

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90047 010 ***150.00

DOCUMENT # V31141

1. Entity Name

STR REALTY, INC.



Principal Place of Business

2459 MALCOM DRIVE
PALM HARBOR, FL 34684

Mailing Address

2459 MALCOM DRIVE
PALM HARBOR, FL 34684

90012108



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3121051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POTTER, MATTHEW A
5940 MAIN ST
NEW PORT RICHEY, FL 34652

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PALAZZOLO, SALVATORE
STREET ADDRESS	2459 MALCOLM DRIVE
CITY-ST-ZIP	PALM HARBOR, FL
TITLE	V
NAME	PALAZZOLO, THOMAS
STREET ADDRESS	2103 RIVER DALE DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	T
NAME	PALAZZOLO, RALPH
STREET ADDRESS	7730 DEERFOOT DR. 5127 Haltata Court
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653-34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05