2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V31141

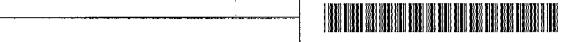
1. Entity Name STR REALTY, INC.

FILED
Jan 31, 2006 08:00 AM
Secretary of State

Principal Place of Business

2459 MALCOM DRIVE PALM HARBOR, FL 34684 Mailing Address 2459 MALCOM DRIVE

PALM HARBOR, FL 34684



DO NOT WRITE IN THIS SPACE				01222006 4. FEI Number 59-312 5. Certificate			Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent	-,	3			
POTTER, MATTHEW A 5940 MAIN ST NEW PORT RICHEY, FL 34652			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the plants of registered agent.		F .	_	th, in the State of Flo		amiliar with, and accept
	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registere	d Agent signature re	quited when remstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **Reaction Campaign Finance Trust Fund Contribution.**			ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS]	······································		····	
NAME STREET ADDRESS SITY-ST-ZIP	P PALAZZOLO, SALVATORE 2459 MALCOLM DRIVE PALM HARBOR, FL				. <u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALAZZOLO, THOMAS 2103 RIVER DALE DR. NEW PORT RICHEY, FL 34653			<u></u>	U00000 02/03/06-	41092E 80045) -022 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T PALAZZOLO, RALPH 5127 HALTATA COURT NEW PORT RICHEY, FL 34655		- · - ·	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY+SI+ZIP				IN T	THIS SF	ACE	()
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_					
title Name Street address City-St-Zip							

12. Thereby certify that the information supplied with this filling 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 507, 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:

REJAID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06

)27-848-7/35 Davime Phone 4