


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V51298**  
 1. Entity Name  
 UNIQUE REAL ESTATE, INC.



Principal Place of Business 1625 W. MARION AVE. SUITE #6 PUNTA GORDA, FL 33950 US	Mailing Address PO BOX 511249 PUNTA GORDA, FL 33951 US
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05022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0396775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCQUEEN, PAULA F  
 1625 W. MARION AVE.  
 SUITE#6  
 PUNTA GORDA, FL 33950

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE P	MCQUEEN, ROBERT A 26034 SHORE DR PUNTA GORDA, FL 33950
TITLE ST	MCQUEEN, PAULA F 26034 SHORE DR. PUNTA GORDA, FL 33950
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

U00000358402  
 05/04/05-80111-012 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Paula F McQueen 5/1/05 239-872-0298  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #