


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90212 028 ***150.00

DOCUMENT # V51517 1. Entity Name MUTUAL REAL ESTATE, INC.																																															
Principal Place of Business 2500 3RD AVE., NORTH #5 ST. PETERSBURG, FL 33713			Mailing Address 2500 3RD AVE., NORTH #5 ST. PETERSBURG, FL 33713																																												
2. Principal Place of Business		3. Mailing Address P.O. Box 13002																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State ST. PETERSBURG FL																																													
Zip		Country		Zip																																											
33733		Pinellas.		33733																																											
6. Name and Address of Current Registered Agent CALHOUN, THOMAS 2500 3RD AVE., NORTH #5 ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																											
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				4. FEI Number 59-3140108																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00																																															
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 33%; padding: 5px;"> PST CALHOUN, THOMAS 2500 3RD AVENUE N., #5 ST. PETERSBURG, FL 33713 </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="width: 33%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 33%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="padding: 5px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CALHOUN, THOMAS 2500 3RD AVENUE N., #5 ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																												
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CALHOUN, THOMAS 2500 3RD AVENUE N., #5 ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>Thomas Calhoun as Pres.</u> 4/25/05 727-327-2244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																															