

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 642487

FILED
Apr 25, 2007
Secretary of State

Entity Name: SENTINEL REALTY COMPANY

Current Principal Place of Business:

1819 MAIN ST
STE 301
SARASOTA, FL 34236 US

New Principal Place of Business:

1819 MAIN ST
STE 201
SARASOTA, FL 34236 US

Current Mailing Address:

1819 MAIN ST
STE 301
SARASOTA, FL 34236 US

New Mailing Address:

1819 MAIN ST
STE 201
SARASOTA, FL 34236 US

FEI Number: 59-1952630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, JOHN M.
889 N. WASHINGTON BLVD
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WITTIG, THEODORE K
Address: 6540 WILD ORCHID LN
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: WILF, LINDA G
Address: 2828 SUNCREST DR
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA G. WILF

EVP

04/25/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date