


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90239 031 \*\*\*150.00

**DOCUMENT # F98000006436**

1. Entity Name  
**REALTY MANAGEMENT CONSULTANTS, INC.**



Principal Place of Business      Mailing Address

**5111 S. 76TH STREET  
 2ND FLOOR  
 GREENDALE, WI 53129**

**P.O. BOX 137  
 GREENDALE, WI 53129**

2. Principal Place of Business <b>4811 S 76th Street</b>	3. Mailing Address <b>4811 S 76th Street #211</b>
Suite, Apt. #, etc. <b>Suite #211</b>	Suite, Apt. #, etc. <b>Suite 211</b>
City & State <b>Greenfield, WI</b>	City & State <b>Greenfield, WI</b>
Zip <b>53220</b>	Zip <b>53220</b>
Country <b>USA</b>	Country <b>USA</b>



01172005    Chg-P    CR2E034 (10/03)

4. FEI Number <b>39-1283688</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
<b>STROSS LAW FIRM, PROFESSIONAL ASSOCIATION</b>	
<b>1801 PEPPER TREE DRIVE</b>	
<b>OLDSMAR, FL 34677</b>	
City <b>FL</b>	Zip Code

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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PCT</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SCHLYTTER, ROBERT B</b>		NAME	
STREET ADDRESS <b>2718 SOUTH SHORE DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BAY VIEW, WI 53207</b>		CITY-ST-ZIP	
TITLE <b>VSVC</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RIORDAN, SUSAN L</b>		NAME	
STREET ADDRESS <b>2615 NORMAN COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BROOKFIELD, WI 53045</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Robert B Schlytter      **ROBERT B SCHLYTTER**      2/28/05      414/281-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #