

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47056

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** INVESTORS REALTY SERVICES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

119 HIDDEN OAK DR  
LONGWOOD, FL 327794905 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 161314  
ALTAMONTE SPRINGS, FL 327161314 US

**New Mailing Address:**

**FEI Number:** 59-2385767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICOLAU, NICK G  
119 HIDDEN OAK DRIVE  
LONGWOOD, FL 32779 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: PVT ( ) Delete  
Name: NICOLAU, NICK G.,  
Address: 119 HIDDEN OAK DR.  
City-St-Zip: LONGWOOD, FL 327794905

Title: S ( ) Delete  
Name: HOFFMAN, VIRGINIA F.,  
Address: 119 HIDDEN OAK DR  
City-St-Zip: LONGWOOD, FL 327794905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVT (X) Change ( ) Addition  
Name: NICOLAU, NICK G  
Address: 119 HIDDEN OAK DR.  
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Change ( ) Addition  
Name: HOFFMAN, VIRGINIA F  
Address: 119 HIDDEN OAK DR  
City-St-Zip: LONGWOOD, FL 32779

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: NICK G. NICOLAU

PVT

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date