


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90056 006 \*\*\*150.00

**DOCUMENT # K22448**  
 1. Entity Name  
**ALL PRO REALTY SPECIALISTS, INC.**



Principal Place of Business      Mailing Address  
 12443 SAN JOSE BLVD      5099 ATLANTIC VIEW  
 SUITE 102      ST AUGUSTINE FL 32080  
 JACKSONVILLE FL 32223      US  
 US



2. Principal Place of Business - No P.O. Box #  
**12058 SAN JOSE BLVD**  
 Suite, Apt. #, etc.  
**Suite 601**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
**JACKSONVILLE, Florida**

4. FEI Number **59-2958937**      Applied For  
 Not Applicable

1st MOORE      CR2E034 (10/06)

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WILLIAM J. BLOODWORTH**  
**5099 ATLANTIC VIEW**  
**ST AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLOODWORTH, WILLIAM J	
STREET ADDRESS	5099 ATLANTIC VIEW	
CITY - ST - ZIP	ST AUGUSTINE FL 32080	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLOODWORTH, NANCY P	
STREET ADDRESS	5099 ATLANTIC VIEW	
CITY - ST - ZIP	ST AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Nancy P. Bloodworth      April 9, 2007      904-234-4606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #