2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# K22448

Entity Name: ALL PRO REALTY SPECIALISTS, INC.

Current Principal Place of Business:

12058 SAN JOSE BLVD
SUITE 601
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

5099 ATLANTIC VIEW
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-2958937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAM J. BLOODWORTH
5099 ALANTIC VIEW
ST AUGUSTINE, FL 32080 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: D ( ) Delete
Name: BLOODWORTH, WILLIAM J
Address: 5099 ATLANTIC VIEW
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP ( ) Delete
Name: BLOODWORTH, NANCY P
Address: 5099 ATLANTIC VIEW
City-St-Zip: ST AUGUSTINE, FL 32080

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: NANCY P. BLOODWORTH VP 04/10/2009

Electronic Signature of Signing Officer or Director Date