

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000023922

**Entity Name:** ALLEGIANCE REAL ESTATE SERVICES, INC.

**Current Principal Place of Business:**

128 JOHN KING RD, SUITE #14  
CRESTVIEW, FL 32539

**Current Mailing Address:**

128 JOHN KING RD, SUITE #14  
CRESTVIEW, FL 32539 US

**FEI Number:** 20-4328712

**Certificate of Status Desired:** Yes

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

MARCHMAN, SHEILA L  
112 2ND ST.  
NICEVILLE, FL 32578 US

*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

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | VP                 | Title           | PST                |
| Name            | EPPERSON, HOYT WJR | Name            | FORD, DENISE B     |
| Address         | 419 CHRISTOPHER DR | Address         | 112 2ND ST         |
| City-State-Zip: | CRESTVIEW FL 32536 | City-State-Zip: | NICEVILLE FL 32578 |
|                 |                    |                 |                    |
| Title           | D                  |                 |                    |
| Name            | EPPERSON, HOYT WJR |                 |                    |
| Address         | 419 CHRISTOPHER DR |                 |                    |
| City-State-Zip: | CRESTVIEW FL 32536 |                 |                    |

*I hereby 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 all other like empowered.*

**SIGNATURE:** DENISE B. FORD

PST

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date