

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000011821

**Entity Name:** MY REALTY & MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1843 MC CARTHY AVE  
SUITE 2000  
SANFORD, FL 32771

**Current Mailing Address:**

PO BOX 625  
SANFORD, FL 32772-0625 US

**FEI Number:** 27-4756926

**Certificate of Status Desired:** No

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

HILLERY, RT  
1843 MC CARTHY AVE  
SUITE 2000  
SANFORD, FL 32771 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  
Name           HILLERY, ROBERT  
Address       PO BOX 625  
City-State-Zip: SANFORD FL 32772-0625

Title           PRESIDENT  
Name           HILLERY, TARA GOLSTON  
Address       PO BOX 625  
City-State-Zip: SANFORD FL 32772-0625

Title           STD  
Name           HILLERY, RT  
Address       PO BOX 625  
City-State-Zip: SANFORD FL 32772-0625

Title           OWNER  
Name           RLH CONSULTING & MANAGEMENT,  
                  INC  
Address       PO BOX 625  
City-State-Zip: SANFORD FL 32772-0625

*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:** TARA G HILLERY

**PRESIDENT**

**04/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date