

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 269220	
1. Entity Name INVESTORS REAL ESTATE SERVICES, INC.	

Principal Place of Business 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 US	Mailing Address 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 US
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1010266	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BYRNES, KAREN L
8210 LAKEWOOD RANCH BLVD.
BRADENTON, FL 34202**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

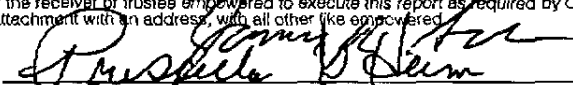
04/04/06-80045-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEAL, ELINOR M. 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRNES, KAREN L 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHIER, JAMES R 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSKIRK, EMILY B 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, PATRICK K 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT BENSON, JOHN B III 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06 9413281034
Date Daytime Phone #