


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 418658		
1. Entity Name REAL ESTATE SERVICES OF NORTH FLORIDA, INC.		

Principal Place of Business 3848 KILLEARN COURT TALLAHASSEE, FL 32308-3428	Mailing Address 3848 KILLEARN COURT TALLAHASSEE, FL 32308-3428
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2. Principal Place of Business 3038 Crawfordville Hwy Apt. #, etc. A	3. Mailing Address 3038 Crawfordville Hwy Apt. #, etc. A
City & State Crawfordville, FL	City & State Crawfordville, FL
Zip 32347	Country Wakulla



04252005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2000289	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, GENE D 3848 KILLEARN CT. TALLAHASSEE, FL 32309	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3038-A Crawfordville Hwy. City Crawfordville FL 32347	
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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 <i>Gene D. Brown</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>4-27-05</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROWN, GENE D 3848 KILLEARN COURT TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3038-A Crawfordville Hwy. Crawfordville, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600054120066 05/10/05--01003--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gene D. Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>4-27-05</i> (650) 524-6200 Daytime Phone #