

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 418658

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



Principal Place of Business  
3038 CRAWFORDVILLE HWY  
STE A  
CRAWFORDVILLE, FL 32347

Mailing Address  
3038 CRAWFORDVILLE HWY  
STE A  
CRAWFORDVILLE, FL 32347

FILED  
06 APR 11 PM 6:17

2. Principal Place of Business

3200 Commonwealth Blvd. 3200 Commonwealth Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

02222006

Chg-P

CR2E034 (11/05)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-2000289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, GENE D  
3038-A CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32347

Name

3200 Commonwealth Blvd.

Tallahassee

FL

Zip Code 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME BROWN, GENE D  
STREET ADDRESS 3038-A CRAWFORDVILLE HWY  
CITY-ST-ZIP CRAWFORDVILLE, FL 32347

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 3200 Commonwealth Blvd.  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

2-27-06 940-668-6103