

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 493844**

1. Entity Name  
**LOUIS JOSEPH REALTY, INC.**



Principal Place of Business

**1630 MEDICAL LANE.  
C  
FT. MYERS, FL 33907 US**

Mailing Address

**1335 FLORIDA AVE.  
FT. MYERS, FL 33901-7707**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1713669</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JOSEPH, LOUIS  
1335 FLORIDA AVE.  
FT. MYERS, FL**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOSEPH, LOUIS
STREET ADDRESS	1335 FLORIDA AVE.
CITY-ST-ZIP	FT. MYERS, FL
TITLE	T
NAME	JOSEPH, MARC L
STREET ADDRESS	1630 MEDICAL LANE, SUITE C
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	S
NAME	JANKOWSKI, KELLIE
STREET ADDRESS	1630 MEDICAL LANE, SUITE C
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	V
NAME	MONAGAS, COLLEEN
STREET ADDRESS	1630 MEDICAL LANE, SUITE C
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80012-003 150.00

**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

**1-9-07**  
Date

**239-939-1145**  
Daytime Phone #