# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 15, 2005 8:00 am**
**Secretary of State**
03-15-2005 90044 009 ***150.00

50027042

1st MOORE CR2E034 (10/04)

DOCUMENT # 518362

1. Entity Name
REAL ESTATE ONE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1200 W HIGHWAY 434<br>SUITE 100<br>LONGWOOD FL 32750<br>US | 1200 W HIGHWAY 434<br>SUITE 100<br>LONGWOOD FL 32750<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1714867 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PULTE T J
1200 W. HIGHWAY 434
~~STE 100~~
LONGWOOD FL 32750

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
1200 W. HIGHWAY 434

STE. 102

City LONGWOOD FL Zip Code 32750

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, 2005 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PD | ☐ Delete |
| NAME | ELSEA, RICHARD S | |
| STREET ADDRESS | 30043 FOX RUN | |
| CITY-ST-ZIP | BIRMINGHAM MI | |
| TITLE | S | ☐ Delete |
| NAME | TICKNER, ELLEN M | |
| STREET ADDRESS | 4140 N FULTON PLACE | |
| CITY-ST-ZIP | ROYAL OAK MI 48073 | |
| TITLE | T | ☐ Delete |
| NAME | DENHOLM, DOUGLAS M | |
| STREET ADDRESS | 1343 WOODBRIDGE LN | |
| CITY-ST-ZIP | WIXOM MI 48393 | |
| TITLE | VP | ☐ Delete |
| NAME | PULTE, T. J. | |
| STREET ADDRESS | 3323 S ST. LUCIE DRIVE | |
| CITY-ST-ZIP | CASSELBERRY FL | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
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| TITLE | | ☐ Change ☐ Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:** Douglas M Denholm DOUGLAS M. DENHOLM 3-8-05 248-208-2908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #