

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90004 050 ***150.00

DOCUMENT # 537494

1. Entity Name
G.F.A. REALTY SERVICES, INC.



Principal Place of Business
3370 CAPITAL CIRCLE NE
~~STE C-3~~
TALLAHASSEE, FL 32308

Mailing Address
3370 CAPITAL CIRCLE NE
~~STE C-3~~
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

City & State

City & State

Zip

Country

Zip

Country

03062007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-1750925

Applied For
Not Applicable

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

WURST, JOHN
3370 CAPITAL CIRCLE NE ~~STE C-3~~ *Suite G*
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

3370 Capital Circle, NE, Suite G

City

FL

Zip Code

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]

John Wurst President

3-6-07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WURST, JOHN G.
3370 CAPITAL CIR STE C-3
TALLAHASSEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3370 Capital Circle, NE Suite G

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WURST, PATRICIA M.
3370 CAPITAL CIR STE C-3
TALLAHASSEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3370 Capital Circle NE Suite G

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

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] *John Wurst*

3-6-07 850-385-4903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #