2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # 678976

1. Entity Name

Principal Place of Business

REALTY INSURANCE CONSULTANTS, INC.



FILED Feb 28, 2008 08:00 AM Secretary of State

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1385 W. GRANADA BLVD. SUITE 3 ORMOND BEACH FL 32174 US		SUITE 3 ORMOND BEACH FL US	ORMOND BEACH FL 32174 US								
2. Principal F	Place of Busir	iess - No PO Box #	3. Mailing Address								
Suite, Apt.	. #, etc		Suite, Apt. #, etc	Suite, Apt. #, etc			1st MOORE CR2E034 (10/07)				
City & Stat	le		City & State	City & State			ber 59-208269 7		-	Applied For	
Zφ		Country	Z:p	Zip Country		5. Certificate	e of Status Desired			Not Apolicable Additional	
	6. Name	and Address of Curren	nt Registered Agent	<u> </u>	Τ	7. Name and	d Address of New R	· 	······································	ireu	
and the second s				Name	71 11811116	d Addicas of Hell	regione, au	gen			
MAURO, JOHN W 131 CEDAR CREEK WAY			Street Address (P.O. Box Number is Not Acceptable)								
ORM	MOND BE	ACH FL 32174									
			City		FL Zip Code						
8. The above	named entit	v submits this statement f	for the purpose of changing it	s register	ed office or re	egistered agent, or bo	oth, in the State of Flo	orida. Lam fa	 amiliar wit	th, and accept	
me congai	tions of regist	ered agent.									
SIGNATURE .	E 35 th 52 1, 1003	or prured having of rou stored inser	D.O.	75 Diam'r.	2			**************************************			
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After	May 1, 200	FEE IS \$150.00 B Fee Will Be \$550.0 Florida Department of	10			!	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees	
10. OFFICERS AND DIRECTORS 11.				ADDITIONS	J S/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 11			
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12 I hereby o	certify that the	a information supplied we	oth this filing does not qualify	for the av	emptions por	ntained in Section 11	D Florida Statutor I	furtner certi	he that the	n information	

12. I hereby definity that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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: Store Mauro - V Pra 3/25/08 (38) 254-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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