2008 FOR PROFIT CORPORÁTION ANNUAL REPORT

DOCUMENT #688348

1. Entity Name

REALTY FAIR CORPORATION

FILED Feb 08, 2008 08:00 AN Secretary of State

Principal Place of Business

9506 HOOD RD

STE 3

JACKSONVILLE, FL 32257



9506 HOOD RD STE 3

JACKSONVILLE, FL 32257



DO NO	T WR	ITE IN	THIS	SPA	CE
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4. FEI Number Applied For 59-2107705 Not Applicable

5. Certificate of Status Desired

01182008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

O'RILEY, JAMES TIMOTHY 9506 HOOD RD STE 3 JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the pulions of registered agent.	rpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familia	r with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
		Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000820897 02/19/08-80002-009	150.00
10.	OFFICERS AND DIRECT	TORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV O'RILEY, JAMES TIMOTHY 9506 HOOD RD STE 3 JACKSONVILLE, FL 32257					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'RILEY, LINDA G. 9506 HOOD RD STE 3 JACKSONVILLE, FL 32257					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·			n en	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Contraction (Section 2)		- I			,
	I certify that the information supplied with this file	ng does not qualify for the ex	emptions co	ntained in Chapter 11	9, Florida Statutes. I further certify that	at the information

12. I hereby certify that the information supplied with this filling 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:

E AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

2-5-08

(904)268-1313

- Daytime Phone