## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2008 08:00 A Secretary of State

ANNUAL REPORT					Secretary of S		
DOCU	MENT # 847698						
	REAL PROPERTY MANAG	EMENT, INC.					
Principal Plac	e of Business	Mailing Address		1			
547 1ST ST		547 1ST ST SOUTH ST PETERSBURG, FL 33701			N GIGH JERNE FIKE IGHEL K	k ATEK ATON CIAK SKAN AKAR ANAKADR N KATI	
	. ,		04072008	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS SPA			CE	4. FEI Numa 59-204		Applied For No: Applicable	
			<b></b>	5. Certificate	of Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Current R	legistered Agent	1			•	
547 1ST S ST. PETER	S, WILLIAM P IT, SOUTH RSBURG, FL 33701	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	orida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	pitte flacticable (IPDTE, Registers	ep Agent signature resurred	Fikhen remstatings		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			ricing \$5.	.00 May Be led to Fees			
10.	OFFICERS AND D	DIRECTORS	1				
TITLE	STP				<u>ຼ</u> ປູເຕັດ	00897616 8-80027-013 150.00	
Hame Street address	EDWARDS, WILLIAM P. 547 1ST ST., S.				04/21/0	8-80027-013 150.00	
City-ST-ZIP	ST. PETERSBURG, FL 33701						
TIPLE MAINE STREET ACORESS CITY-ST-ZP							
TITLE							
NAME Street Address							
STREET AUGMESS STRY-ST-ZIP		·		DO	NOT W	RITE	
TITLE ELAIÆ STREET ADDRESS	E E			IN THIS SPACE			
CITY-ST-ZIF			1				
TITLE							
NAME ether innered							
STREET ADDRESS CITY-ST-ZIP							
TITLE			1				

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 supplier driat report is true and accurate and triat my signature shall have the same legal effect as if made under cath; 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 charged, or on an attachment with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SHATURE AND TYPED ON PROJECT HAME OF SIGNING OFFICEROR DIRECTOR

4/7/08 (727)8966378