

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90075 021 ***150.00

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1. Entity Name
REGAL ADVISORY SERVICES, INC.



Principal Place of Business
**950 MILWAUKEE AVE., SUITE 307
GLENVIEW, IL 60025**

Mailing Address
**950 MILWAUKEE AVE., SUITE 307
GLENVIEW, IL 60025**

400754300



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

36-4433860

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

Name

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

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, 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

TITLE PD ☒ Delete
NAME BOKIOS, GEORGE
STREET ADDRESS 950 MILWAUKEE AVE., SUITE 307
CITY-ST-ZIP GLENVIEW, IL 60025

TITLE STD ☒ Delete
NAME WALTER, ROBERT A
STREET ADDRESS 950 MILWAUKEE AVE., SUITE 307
CITY-ST-ZIP GLENVIEW, IL 60025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition
NAME BOKIOS, GEORGE
STREET ADDRESS 950 MILWAUKEE AVE, STE 307
CITY-ST-ZIP GLENVIEW IL 60025

TITLE T ☒ Change ☐ Addition
NAME ROBERT A WALTER
STREET ADDRESS 445 CONESTOGA TR
CITY-ST-ZIP CARY IL 60045

TITLE EUGENIA T. BOKIOS ☐ Change ☒ Addition
NAME S
STREET ADDRESS 4004 LIZETTE LN
CITY-ST-ZIP GLENVIEW IL 60026

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

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

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

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:

Robert A. Walter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2007

Date

848 375 6073

Daytime Phone #