


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90013 002 \*\*\*158.75

**DOCUMENT # F93000001192**

1. Entity Name  
**REAL PROPERTY SERVICES CORP., A DELAWARE CORPORATION**



Principal Place of Business  
**818 W. BROOKS AVENUE  
 NORTH LAS VEGAS, NV 89030 US**

Mailing Address  
**818 W. BROOKS AVENUE  
 NORTH LAS VEGAS, NV 89030 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**95-3562968**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent  
**DOTSON, GREEN  
 3700 LOWRY COURT  
 TAMPA, FL 33610**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD <input type="checkbox"/> Delete
NAME	BIRD, ALLAN S
STREET ADDRESS	818 W. BROOKS AVENUE
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
TITLE	DV <input type="checkbox"/> Delete
NAME	BIRD, JOSHUA D
STREET ADDRESS	818 W. BROOKS AVENUE
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
TITLE	VPS <input checked="" type="checkbox"/> Delete
NAME	LERNER, DAVID M
STREET ADDRESS	818 WEST BROOK AVE
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bird, Joshua D.
STREET ADDRESS	818 W. Brooks Ave.
CITY-ST-ZIP	North Las Vegas, Nevada 89030
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	vs Patricia M. Green
STREET ADDRESS	818 W. Brooks Ave.
CITY-ST-ZIP	North Las Vegas, Nevada 89030
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V E. Clark White
STREET ADDRESS	818 W. Brooks Ave.
CITY-ST-ZIP	North Las Vegas, Nevada 89030
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia M. Green 1/16/04 (702) 315-5196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patricia M. Green, Secretary