

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G17637

FILED
Jan 15, 2005
Secretary of State

Entity Name: REALTY ONE SERVICES, INC.

Current Principal Place of Business:

C/O RICHARD A LAFUZE
16 FERRY ROAD, S.E.
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

16 FERRY ROAD, S.E.
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2246317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFUZE, RICHARD A
2124 MAR MAR LANE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LAFUZE, CHERYL E
Address: 2124 MAR MAR LANE
City-St-Zip: NAVARRE, FL 32566

Title: V () Delete
Name: BARRETT, JANICE
Address: 707 HERON LANE
City-St-Zip: DESTIN, FL 32541

Title: PDST () Delete
Name: LAFUZE, RICHARD A
Address: 2124 MAR MAR LANE
City-St-Zip: NAVARRE, FL 32566

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: GILBERT, MAURICE D
Address: P O BOX 4836
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. LAFUZE

PD

01/15/2005

Electronic Signature of Signing Officer or Director

_____ Date