

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # G56744

1. Entity Name

REPUBLIC SECURITIES OF AMERICA, INC.



Principal Place of Business

600 E. COLONIAL DR. #100
ORLANDO FL 32803

Mailing Address

600 E. COLONIAL DR. #100
ORLANDO FL 32803



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-2316697

Applied For

Not Applicable

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

FRANK L. SCHRIMSHER
600 E. COLONIAL DR. #100
ORLANDO FL 32803

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCHRIMSHER, FRANK L.
STREET ADDRESS 1541 HEMPEL AVE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000858219
CITY-ST-ZIP 04/01/08-80036-019 150.00

TITLE SD ☐ Delete
NAME SCHRIMSHER, J. STEVEN
STREET ADDRESS 3340 CARLA ST
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE SD ☐ Delete
NAME SCHRIMSHER, MICHAEL A.
STREET ADDRESS 3330 CARLA ST
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Section 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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank L. Schrimsher 3-10-08 (407) 423-7620

Date

Daytime Phone #