


FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90002 012 ***550.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # H14562
 1. Entity Name
 ROPER REAL ESTATE, INC.



Principal Place of Business
 4956 OAK ISLAND ROAD
 ORLANDO, FL 32809 US

Mailing Address
 P.O. BOX 561055
 ORLANDO, FL 32856-1055 US

DO NOT WRITE IN THIS SPACE

40119332



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2449689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROPER, TONY H
 4956 OAK ISLAND ROAD
 ORLANDO, FL 32809

**DO NOT WRITE
 IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROPER, TONY H 4956 OAK ISLAND ROAD ORLANDO, FL 32809
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 IN THIS SPACE**

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: *x Tony H Roper* Date: *x 5-23-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #