

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90056 006 ***150.00

DOCUMENT # K22448

1. Entity Name

ALL PRO REALTY SPECIALISTS, INC.



Principal Place of Business

12443 SAN JOSE BLVD
SUITE 102
JACKSONVILLE FL 32223
US

Mailing Address

5099 ATLANTIC VIEW
ST AUGUSTINE FL 32080
US



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

12058 SAN JOSE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite 601

Suite, Apt. #, etc.

City & State

JACKSONVILLE, Florida

City & State

Zip
32223

Country

USA

Zip

Country

4. FEI Number 59-2958937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAM J. BLOODWORTH
5099 ATLANTIC VIEW
ST AUGUSTINE FL 32080

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

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
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLOODWORTH, WILLIAM J
5099 ATLANTIC VIEW
ST AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BLOODWORTH, NANCY P
5099 ATLANTIC VIEW
ST AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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, with all other like empowered.

SIGNATURE: Nancy P. Bloodworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2007
Date

904-234-4606
Daytime Phone #