


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90245 032 \*\*\*150.00

<b>DOCUMENT # K55692</b>	
1. Entity Name <b>REAL FLORIDA REALTY &amp; APPRAISAL SERVICES, INC.</b>	

Principal Place of Business <del>19098 ST. GEORGE DRIVE</del> <del>DUNNELLON, FL 34432 US</del>	Mailing Address <del>19098 ST. GEORGE DRIVE</del> <del>DUNNELLON, FL 34432 US</del>
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**40064923**



2. Principal Place of Business <b>4926 SW 31 Street</b>	3. Mailing Address <b>4926 SW 31 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172005 Chg-P CR2E034 (10/03)

City & State <b>Ocala FL</b>	City & State <b>Ocala FL</b>
Zip <b>34474-4335</b>	Country <b>USA</b>
Zip <b>34474-4335</b>	Country <b>USA</b>

4. FEI Number <b>59-2928850</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>WEAVER, JEANNE W</b> <del>19098 ST. GEORGE DRIVE</del> <del>DUNNELLON, FL 34432</del>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>4926 SW 31 Street</b>	
City <b>Ocala</b>	FL Zip Code <b>34474</b>

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 *Jeanne W. Weaver* DATE *04/18/2005*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WEAVER, JEANNE W.</b> <b>19098 ST. GEORGE DRIVE</b> <del><b>DUNNELLON, FL 34432</b></del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4926 SW 31 Street</b> <b>Ocala FL 34474-4335</b> address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeanne W. Weaver* *(352)* *04/18/05* *873-8762*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (New)