## 2005 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 07, 2005 08:00 A **Secretary of State** DOCUMENT # L18902 REALTY VESTORS INC. Principal Place of Business Mailing Address 1430 SHELL MOUNT ROAD POST OFFICE BOX 4118 ENTERPRISE, FL 32725 ENTERPRISES, FL 32725 CR2E034 (10/03) 03022005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2969181 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HUFFMAN, HERSEY A DO NOT WRITE 1430 SHELMOUND RD. ENTERPRISE, FL 32725 IN THIS SPACE . 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 arginiture required when reinstating) DATE U000000253865 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/07/05-80050-015 150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HUFFMAN, HERSEY A. NAME 1430 SHELLMOUND RD STREET ADDRESS CITY-ST-ZIP ENTERPRISE, FL TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 seceiver 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:

TITLE MAME STREET ADDRESS CITY-ST-ZIP

> MATURE AND TYPED OR PR N DIRECTOR