

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90029 020 \*\*\*163.75

**DOCUMENT # L51965**

1. Entity Name  
**REALTY BROKERS INTERNATIONAL, INC.**



Principal Place of Business  
**5269 WHITE IBIS DRIVE  
NORTH PORT, FL 34287 US**

Mailing Address  
**5269 WHITE IBIS DRIVE  
NORTH PORT, FL 34287 US**

**50059007**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182005

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0195793**

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

**SAYERS, CARMEN S  
5269 WHITE IBIS DR  
BOCA RATON, FL 33487**

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

*Carmen S. Sayers*

**7/28/05**

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
SAYERS, CARMEN  
6970 NW 2ND TERR  
BOCA RATON, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
CARMEN S. SAYERS  
5269 WHITE IBIS DR  
NORTH PORT, FL 34287**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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 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:

*Carmen S. Sayers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/28/05 (941) 429-2045  
(941) 423-1575**

NOTE!

**Realty Brokers International, Inc.** ATTACHMENT

5269 White Ibis Drive  
North Port, Florida 34287  
Phone & Fax: (941) 423-1515  
E-mail: seasayers@aol.com

#L51968  
50059007

July 28, 2005

Mr. Sean Toner, Senior Section Administrator  
Division of Corporations  
Florida Department of State  
P. O. Box 1500  
Tallahassee, FL 32302-1500

SUBJECT LETTER # 305A00047027

Dear Mr. Toner:

On June 28 2005 (copy enclosed) I wrote to inform you I had not receive an Annual Report package for the current year.

I also sent you copies of forms indicating that your office undoubtedly sent the notice to my previous address in Boca Raton. As you can see you are STILL SHOWING THE INCORRECT ADDRESS FOR ME AS AN OFFICER AND DIRECTOR. This is despite the fact that I went online and changed the address, as well as the fact that I sent you a copy of that change with my previous letter.

When I filed last year's forms I indicated that my address had changed from Boca Raton to North Port. Enclosed are copies of all those documents for your file.

In view of everything, I honestly do not feel I should be penalized for this mishap. I am therefore once again sending a new check for \$150.00 plus the \$8.75 for the certificate. This one is made payable to the Florida Department of State, as it should be.

I surely do not wish to let my corporation lapse. The income I generate from selling real estate augments my social security and retirement. It is very important to me and I will do whatever is necessary to continue it. However, it was an error made by your office. I did not receive the Annual Report notice. Please review all the correspondence once again – check your records and you will discover I am representing the facts as they are.

One way or another I intend to continue my corporation. A \$400 penalty for something that is not my fault seems unfair. Don't you agree?

I look forward to hearing from you and thank you for the time and attention given to this matter. I will do all possible on my end to resolve this matter as soon as possible.

Sincerely,

  
Carmen S. Sayers, Broker

**Realty Brokers International, Inc.**

5269 White Ibis Drive  
North Port, Florida 34287  
Phone & Fax: (941) 423-1515  
E-mail: seasayers@aol.com

ATTACHMENT

HL51965

50059007

*Copy*

June 28, 2005

Secretary of State  
Division of Corporations  
Tallahassee, FL 32314

Gentlemen:

I never received an Annual Report package.

Perhaps it was sent to my former address in Boca Raton, or returned to you?

Please note the address change was not made with regard to me as the Registered Agent. Could that have created the problem? When I filed the report last year I noticed that error and i changed my address as Registered Agent from Boca Raton to North Port I am enclosing a copy of that form trusting it will prove helpful to you.

Enclosed a check in the amount of \$163.75 to cover the \$150.00 fee, the \$8.75 for the certificate and a \$5.00 contribution for the election process.

Thank you.

Carmen S. Sayers  
President/Treasurer



ATTACHMENT  
58059007  
Division of Corporations

## Annual Report

Annual Report Help

Document Number

L51965

Business Entity Name

REALTY BROKERS INTERNATIONAL, INC.

Check  
#1154

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

650195793 ✓

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

☒ Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

☒ Yes

No

## Principal Place of Business

Address

5269 WHITE IBIS DRIVE

Suite, Apt. #, etc.

City, State

NORTH PORT

, FL

Zip Code &amp; Country

34287

US

## Mailing Address

Address

5269 WHITE IBIS DRIVE

Suite, Apt. #, etc.

City, State

NORTH PORT

, FL

Zip Code &amp; Country

34287

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SAYERS

, CARMEN

, S

-or- RA Business Name

Address (PO Box is not acceptable) 5269 WHITE IBIS DR

Suite, Apt. #, etc.

City, State

North Port

~~BOCA RATON~~

, FL

Zip Code &amp; Country

33487

US


If there is a change in registered agent, the new agent will need to type their name

## ATTACHMENT

50059007

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

## Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

## Officer/Director Name And Address

Title PT  
Name (Last, First, Middle, Title) SAYERS, CARMEN  
-or- Entity Name  
Street Address 6970 NW 2ND TERR  
City, State *North Port* BOCA RATON, FL  
Zip Code & Country 33487

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L51965

Entity Name

REALTY BROKERS INTERNATIONAL, INC.



ATTACHMENT

check #1042

52059007

Principal Place of Business  
5269 WHITE IBIS DRIVE  
NORTH PORT FL 34287  
US

Mailing Address  
5269 WHITE IBIS DRIVE  
NORTH PORT FL 34287  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

MOORE CR2E034 (11/03)  
4. FEI Number 65-0195793  
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
SAYERS, CARMEN S  
6970 NW 2 TERR  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent  
Name: SAYERS, CARMEN S.  
Street Address (P.O. Box Number is Not Acceptable)  
5269 WHITE IBIS DR  
City North Port FL Zip Code 34287

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 *Carmen S. Sayers* (NOTE: Registered Agent signature required when registering) DATE 2/26/04

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PT SAYERS, CARMEN 6970 NW 2ND TERR BOCA RATON FL 33487 <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 type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Carmen S. Sayers* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2/26/04 Daytime Phone #