

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 018 ***150.00

DOCUMENT # L75547

1. Entity Name
REALTY CONSTRUCTION SERVICES, INC.



Principal Place of Business
**11330-1 ST. JOHNS INDUSTRIAL PKWY
JACKSONVILLE, FL 32246 US**

Mailing Address
**11330-1 ST. JOHNS INDUSTRIAL PKWY
JACKSONVILLE, FL 32246 US**

60001909

2. Principal Place of Business - No P.O. Box #
11330-4 St Johns Ind Pkwy

3. Mailing Address
11330-4 St Johns Ind Pkwy

Suite, Apt. #, etc.

City & State
Jacksonville, FL 32246

Zip
32246

Country
Duval



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3011794

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ELSILA, NEIL E.
11330-1 ST. JOHNS INDUSTRIAL PKWY
JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent
Name
Elsila, Neil E
Street Address (P.O. Box Number is Not Acceptable)
11330-4 St Johns Industrial Pkwy
City
Jacksonville FL Zip Code
32246

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 **Neil E. Elsil** *President* **1/10/07**
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**

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	VTD HULSEY, JOHN A. 11330-1 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ELSILA, NEIL E. 11330-1 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL	<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	11330-4 St Johns Industrial Pkwy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11330-4 St Johns Industrial Pkwy	<input checked="" 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 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: **Neil E. Elsil** **1/16/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #