

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-16-2007 90257 043 \*\*\*150.00

**DOCUMENT # M99152**

1. Entity Name  
REALVEST PARTNERS, INC.



Principal Place of Business  
C/O GEORGE D. LIVINGSTON  
2200 LUCIEN WAY, SUITE 350  
MAITLAND, FL 32751 US

Mailing Address  
C/O GEORGE D. LIVINGSTON  
2200 LUCIEN WAY, SUITE 350  
MAITLAND, FL 32751

50000032



01092007 Chg-P CR2E034 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

LIVINGSTON, GEORGE D.  
2200 LUCIEN WAY STE 350  
MAITLAND, FL 32751

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME LIVINGSTON, GEORGE D.  
STREET ADDRESS 2200 LUCIEN WAY, SUITE 350  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VP ☐ Change ☒ Addition  
NAME Rebecca York  
STREET ADDRESS 2200 Lucien Way, Suite 350  
CITY-ST-ZIP Maitland, FL 32751

TITLE DVP ☐ Delete  
NAME HEIDRICH, MICHAEL  
STREET ADDRESS 2200 LUCIEN WAY, STE 350  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VP ☐ Change ☒ Addition  
NAME George Viele  
STREET ADDRESS 2200 Lucien Way, Suite 350  
CITY-ST-ZIP Maitland, FL 32751

TITLE DP ☒ Delete  
NAME NEVELEFF, STEPHAN M  
STREET ADDRESS 2200 LUCIEN WAY, STE 350  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VP ☐ Change ☒ Addition  
NAME Dale Donovan  
STREET ADDRESS 2200 Lucien Way, Suite 350  
CITY-ST-ZIP Maitland, FL 32751

TITLE DVP ☐ Delete  
NAME BLACKWELL, ROBERT H  
STREET ADDRESS 2200 LUCIEN WAY, STE 350  
CITY-ST-ZIP MAITLAND, FL 32751

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

TITLE DVP ☐ Delete  
NAME RUOFF, STEVEN C  
STREET ADDRESS 2200 LUCIEN WAY, STE 350  
CITY-ST-ZIP MAITLAND, FL 32751

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Jan 2007

Date

407-875-9989

Daytime Phone #