


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P00000030794</b>  |  |   |  |                                |  |
| <b>1. Entity Name</b><br><b>EMBASSY REALTY SERVICES INCORPORATED</b>  |  |   |  |   |  |
| <b>Principal Place of Business</b><br><b>9210 CYPRESS GREEN DR</b><br><b>JACKSONVILLE, FL 32256</b>   |  |   | <b>Mailing Address</b><br><b>9210 CYPRESS GREEN DRIVE</b><br><b>JACKSONVILLE, FL 32256</b> |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  | <b>4. FEI Number</b><br><b>59-3635393</b>   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |   | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| <b>WARD, ROBERT E III</b><br><b>9210 CYPRESS GREEN DR</b><br><b>JACKSONVILLE, FL 32256</b>  |  |   | Name   |   |  |
|   |  |   | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
|   |  |   | City   |   |  |
|   |  |   | FL Zip Code  |   |  |
| <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.</b>  |  |   |  |   |  |
| SIGNATURE <u>Robert E. Ward III</u> <b>ROBERT E. WARD III</b> <u>3-28-07</u><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                               |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br><b>WARD, ROBERT E III</b><br><b>6177 BELLE RIVE COURT</b><br><b>JACKSONVILLE, FL 32256</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>P</b> <input type="checkbox"/> Delete<br><b>KERN, JEFFREY</b><br><b>8897 BELLE RIVA BLVD</b><br><b>JACKSONVILLE, FL 32256</b>       |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000681878<br>04/04/07-80063-009 150.00 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| <b>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.</b> |  |   |  |   |  |
| SIGNATURE: <u>Robert E. Ward III</u> <b>ROBERT E. WARD III</b> <u>3-28-07</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |   |  |