

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000082369

1. Entity Name  
REALTY SHOPS.COM, INC.



Principal Place of Business  
101 BILBAO DRIVE  
SAINT AUGUSTINE, FL 32086

Mailing Address  
101 BILBAO DRIVE  
SAINT AUGUSTINE, FL 32086



05062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3757030

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LAURENCE, ROBERT J  
101 BILBAO DRIVE  
SAINT AUGUSTINE, FL 32086

**DO NOT WRITE  
IN THIS SPACE**

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)

U00000951129  
06/04/08-80019-024 150.00

DATE:

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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**

TITLE P  
NAME LAURENCE, ROBERT J  
STREET ADDRESS 101 BILBAO DRIVE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE DV  
NAME LAURENCE, ROSLYN  
STREET ADDRESS 101 BILBAO DRIVE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone

904  
5-500 814-6241