

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90049 026 ***150.00

DOCUMENT # P00000083298
 1. Entity Name
 REAL PROPERTIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
 8660 COLLEGE PARKWAY #400
 FORT MYERS, FL 33919

Mailing Address
 8660 COLLEGE PARKWAY #400
 FORT MYERS, FL 33919

90001000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 5800 ASHEVILLE Highway
 Suite, Apt. #, etc.

02192008 Chg-P CR2E034 (12/06)

City & State
 Pisgah Forest, N.C.

Zip Country
 28768 U.S.

4. FEI Number
 65-1036428

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KEENAN, JOHN WILLIAM JR
 8660 COLLEGE PKWY STE 400
 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
 Name JOHN W. KEENAN
 Street Address (P.O. Box Number is Not Acceptable)
 1550 CUMBERLAND COURT
 City FORT MYERS FL Zip Code 33919

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KEENAN, JOHN WILLIAM JR	
STREET ADDRESS	8660 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5800 ASHEVILLE Highway	
CITY-ST-ZIP	PISGAH FOREST, N.C 28768	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: John Keenan DATE: 2/19/08 DAYTIME PHONE #: 239-281-8937