


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90111 025 ***158.75

DOCUMENT # P01000009860

1. Entity Name
REALTY INSPECTION SERVICES, INC.



Principal Place of Business Mailing Address

**6727 MISSION CLUB BLVD.
 #211
 ORLANDO FL 32821
 US**

**6727 MISSION CLUB BLVD.
 #211
 ORLANDO FL 32821
 US**



2. Principal Place of Business 3. Mailing Address

912 Summer Lakes Dr **912 Summer Lakes Dr**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Orlando Fl **Orlando Fl**

4. FEI Number Applied For

43-1993826 Not Applicable

Zip Country Zip Country

32835 **Orange** **32835** **Orange**

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

6. Name and Address of Current Registered Agent

**SCHMIDT, FRANK J
 6727 MISSION CLUB BLVD.
 #211
 ORLANDO FL 32821**

7. Name and Address of New Registered Agent

Name **Frank Schmitt**

Street Address (P.O. Box Number is Not Acceptable)
912 Summer Lakes Dr

City **Orlando** FL Zip Code **32835**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	O <input type="checkbox"/> Delete
NAME	SCHMIDT, FRANK J
STREET ADDRESS	6727 MISSION CLUB BLVD., #211
CITY-ST-ZIP	ORLANDO FL 32821
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Schmitt	
STREET ADDRESS	912 Summer Lakes Dr	
CITY-ST-ZIP	Orlando Fl 32835	
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 Section 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:  **Frank Schmitt** 2-22-06 407-948-831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #