

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
Suite, Apt. #, etc.

912 Summer Lakes Dr
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

43-1993826

Applied For

Not Applicable

Zip

32835

Country

Orange

Zip

32835

Country

Orange

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

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

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

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
O
SCHMIDT, FRANK J
6727 MISSION CLUB BLVD., #211
ORLANDO FL 32821 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
Frank Schmitt
912 Summer Lakes Dr
Orlando FL 32835 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank Schmitt 2-22-06 707-948-837