

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90030 017 ***150.00

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01192005 Chg-P CR2E034 (10/03)

4. FEI Number 80-0022828 Applied For Not Applicable

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

DOCUMENT # P01000013837
1. Entity Name
REAL PROPERTY SERVICES, INC.



Principal Place of Business 126 EAST OLYMPIA AVENUE SUITE 408 PUNTA GORDA, FL 33950
Mailing Address 126 EAST OLYMPIA AVENUE SUITE 408 PUNTA GORDA, FL 33950

2. Principal Place of Business 1625 W. Marion Ave. Suite 14-A Punta Gorda, FL 33950
3. Mailing Address 1625 W. Marion Ave. Suite 14-A Punta Gorda, FL 33950
City & State Zip Country
Punta Gorda, FL 33950 USA

6. Name and Address of Current Registered Agent
NORTON, ROBERT J
126 EAST OLYMPIA AVENUE
SUITE 408
PUNTA GORDA, FL 33950
7. Name and Address of New Registered Agent
Name Robert J. Norton
Street Address (P.O. Box Number is Not Acceptable)
1625 W. Marion Ave, Suite 14-A
City Punta Gorda FL Zip Code 33950

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 Robert J. Norton 1/19/2005
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNDY, KAREN S		NAME		
STREET ADDRESS	1100 CLEVELAND COURT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33982		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORTON, ROBERT J		NAME		
STREET ADDRESS	4589 COLLEEN STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNDY, KAREN S		NAME		
STREET ADDRESS	4589 COLLEEN STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORTON, ROBERT J		NAME		
STREET ADDRESS	4589 COLLEEN STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 1/19/2005 941-575-6300
Date Daytime Phone #