


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90003 034 ***150.00

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

Principal Place of Business 2511 VASCO STREET 114 PUNTA GORDA, FL 33950	Mailing Address 2511 VASCO STREET 114 PUNTA GORDA, FL 33950
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40108915



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0022828	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORTON, ROBERT J Karen S. Mundy VASCO STREET 114 PUNTA GORDA, FL 33950
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**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) 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 NAME STREET ADDRESS CITY-ST-ZIP	P MUNDY, KAREN S 1100 CLEVELAND COURT PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NORTON, ROBERT J Nancy J. Browning 4589 COLLEEN STREET 5601 Duncan Rd #198 PORT CHARLOTTE, FL Punta Gorda, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNDY, KAREN S 4589 COLLEEN STREET PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, ROBERT J Teresa T. Blackmore 4589 COLLEEN STREET 1437 Alton Rd. PORT CHARLOTTE, FL Port Charlotte, FL 33952
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

3/20/08 941 575-6300
Date Daytime Phone #