2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000048781

1. Entity Name

REALTY RESOURCES OF SW FLORIDA, INC.



FILED Jan 30, 2006 08:00 AN Secretary of State

Principal	Place of	Business
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Mailing Address

1024 NORTH TOWN AND RIVER DRIVE FORT MYERS, FL 33919

1024 NORTH TOWN AND RIVER DRIVE FORT MYERS, FL 33919



01232006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1112123 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agen
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BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR., STE. 340 FT. MYERS, FL 33907

SIGNATURE:

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1-24-06

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	f applicable (NOTE Registered	l Agest signatun	required when reinstaling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalgn Finan Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CHY-SI-ZIP	D MORRIS, GREGORY 1024 NORTH TOWN AND RIVER DRI FORT MYERS, FL 33919	VE			U00000407208 02/08/06-80007-009 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U2/U8/06-80007-009 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE 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 trystee 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, this appearance of the corporation of the corporat							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRCOTO