## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000048781**

1. Entity Name

REALTY RESOURCES OF SW FLORIDA, INC.



FILED Feb 27, 2008 08:00 AN Secretary of State

Principal Place of Business

970 CLARELLIN DR FORT MYERS, FL 33919 Mailing Address

970 CLARELLIN DR FORT MYERS, FL 33919



## DO NOT WRITE IN THIS SPACE

02242008 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 Agent

BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR., STE. 340 FT. MYERS, FL. 33907

## 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					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Financi Trust Fund Contribution.</li></ol>	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, GREGORY 970 CLARELLEN DR FORT MYERS, FL 33919				U00000840668 03/07/08-80001-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. – –	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 of huster 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 all address with all other like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-08

337-3883

Daytime Phone #