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Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90025 025 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000015069

1. Entity Name
REAL - INS, INC.

400591528

03092008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2563 1ST AVENUE SOUTH SAINT PETERSBURG, FL 33712	2563 1ST AVENUE SOUTH SAINT PETERSBURG, FL 33712

2. Principal Place of Business - No P.O. Box #: 57 16th St. S
Suite, Apt. #, etc.:
City & State: St. Petersburg
Zip: 33705 Country: Pinellas

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 04-3613816 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, CONSTANCE A
2563 1ST AVENUE SOUTH
SAINT PETERSBURG, FL 33712

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	DPST	☐ Delete
NAME	YOUNG, CONSTANCE A	
STREET ADDRESS	2563 1ST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	T	☒ Delete
NAME	DAVIS, CHARLOTTE	
STREET ADDRESS	P.O. BOX 5312	
CITY-ST-ZIP	LAKELAND, FL 338075312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
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 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: Connie Young 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #