

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90013 021 ***150.00

DOCUMENT # P02000123491

1. Entity Name
EURO-AMERICAN REAL ESTATE SERVICES, INC.



Principal Place of Business
**130 S MAIN ST
WINTER GARDEN, FL 34787**

Mailing Address
**130 S MAIN ST
WINTER GARDEN, FL 34787**



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4223074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~JENNINGS, ROBERT C~~
**130 SOUTH MAIN STREET
WINTER GARDEN, FL 34787**

William D. Pigozzi

**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

William D. Pigozzi, President

4/22/08

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	P
NAME	JENNINGS, ROBERT C
STREET ADDRESS	130 S MAIN ST
CITY - ST - ZIP	WINTER GARDEN, FL 34787

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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

William D. Pigozzi

4/22/08

DATE

407/877-7070 x20

Daytime Phone #