


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90029 009 \*\*\*150.00

DOCUMENT # P02000130444					
1. Entity Name <b>REAL PROPERTY LIMITED, INC.</b>					
Principal Place of Business 121 POINSETTA STREET INDIALANTIC, FL 32903			Mailing Address 121 POINSETTA STREET INDIALANTIC, FL 32903		
2. Principal Place of Business - No P.O. Box # <b>216 CYNTHIA LANE</b>		3. Mailing Address <b>216 CYNTHIA LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>INDIAN HARBOUR Bch, FL</b>		City & State <b>INDIAN HARBOUR Bch, FL</b>		4. FEI Number <b>42-1564024</b>	
Zip <b>32937</b>		Zip <b>32937</b>		Country <b>BREVARD</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RICKEY, RICHARD</b> <b>121 POINSETTA STREET</b> <b>INDIALANTIC, FL 32903</b>			7. Name and Address of New Registered Agent  Name <b>Rickey, Richard</b> Street Address (P.O. Box Number is Not Acceptable) <b>216 CYNTHIA LANE</b>  City <b>INDIAN HARBOUR Bch</b> FL Zip Code <b>32937</b>		
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 <u><i>Bill Rickey</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <b>3/10/08</b>					
<b>FILE NOW!!! FEE \$50.00</b> <b>After May 1, 2008 Fee \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RICKEY, RICHARD <input checked="" type="checkbox"/> Delete 121 POINSETTA STREET INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RICHARD Rickey</b> <b>216 CYNTHIA LANE</b> <b>INDIAN HARBOUR Bch, FL 32937</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Bill Rickey</i></u> DATE <b>3/10/08</b> DAYTIME PHONE # <b>321-749-5292</b>					