

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022140

FILED
May 01, 2004
Secretary of State

Entity Name: REAL SOFTWARE SOLUTIONS, INC.

Current Principal Place of Business:

104 WILD FERN DR
LONGWOOD, FL 32779

New Principal Place of Business:

2015 WEST SR 434, SUITE A
LONGWOOD, FL 32779

Current Mailing Address:

104 WILD FERN DR
LONGWOOD, FL 32779

New Mailing Address:

2015 WEST SR 434, SUITE A
LONGWOOD, FL 32779

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHAN, REINHARD G
2699 LEE RD #540
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVENSON, JAMES
Address: 104 WILD FERN DR
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: SABOL, SANDRA L
Address: 104 WILD FERN DR
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: SABOL, JOHN J
Address: 104 WILD FERN DR
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: BROOKS, LEWIS
Address: 104 WILD FERN DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEVENSON, JAMES
Address: 2015 WEST SR 434, SUITE A
City-St-Zip: LONGWOOD, FL 32779

Title: V (X) Change () Addition
Name: SABOL, SANDRA L
Address: 2015 WEST SR 434, SUITE A
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Change () Addition
Name: SABOL, JOHN J
Address: 2015 WEST SR 434, SUITE A
City-St-Zip: LONGWOOD, FL 32779

Title: T (X) Change () Addition
Name: BROOKS, LEWIS
Address: 2015 WEST SR 434, SUITE A
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. STEVENSON

P

05/01/2004

Electronic Signature of Signing Officer or Director

Date