

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000115748

1. Entity Name
US REALTY SOLUTION, INC.



Principal Place of Business
**12412 SAN JOSE BOULEVARD
SUITE 402
JACKSONVILLE, FL 32223**

Mailing Address
**12412 SAN JOSE BOULEVARD
SUITE 402
JACKSONVILLE, FL 32223**



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0712630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARTLE, MARK Q SR
12412 SAN JOSE BLVD, SUITE 402
JACKSONVILLE BEACH, FL 32223**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
FREEMAN, LEONARD T
3948 S 3RD ST #102
JACKSONVILLE BEACH, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
HARTLE, MARK Q SR
12412 SAN JOSE BLVD, SUITE 402
JACKSONVILLE BEACH, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/T
BROPHY, CHRIS C
213 MARTELL CT
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DORRIEN, BRIAN
14560 SAN PABLO DRIVE NORTH
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
HARTLE, CORA S
12412 SAN JOSE BOULEVARD, SUITE 402
JACKSONVILLE, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCCORMICK-DORRIEN, PATRICIA
14560 SAN PABLO DRIVE NORTH
JACKSONVILLE, FL 32224**

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03/01/07-80005-025 150.00

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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:

mark q. Hartle

2-14-2007

904-262-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #