

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 20, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P03000158001**

1. Entity Name

REALTY BUILDERS, INC.



Principal Place of Business

484 W HILLWOOD PATH  
BEVERLY HILLS FL 34465

Mailing Address

484 W HILLWOOD PATH  
BEVERLY HILLS FL 34465

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCHETTE, RALPH H  
484 W HILLWOOD PATH  
BEVERLY HILLS FL 34465

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BLANCHETTE, JOAN F  
484 W HILLWOOD PATH  
BEVERLY HILLS FL 34465 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000000059871  
02/23/04-80008-004 158.75

TITLE  
NAME  
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CITY - ST - ZIP  
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BLANCHETTE, RALPH H  
484 W HILLWOOD PATH  
BEVERLY HILLS FL 34465 ☐ Delete

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.