## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2006 8:00 am **Secretary of State** DOCUMENT # P03000158001 1. Entity Name 02-07-2006 90029 010 \*\*\*158.75 REALTY BUILDERS, INC. Principal Place of Business Mailing Address 1432 EAST CLEVELAND STREET HERNANDO FL 34442 1432 EAST CLEVELAND STREET HERNANDO FL 34442 3. Mailing Address 2. Principal Place of Business 1432 E. CLEVELAND STREET HERNAUDO Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) NIA City & State 4. FEI Number Applied For City & State 86-1089102 EL MERNALOO HERNAHOD Not Applicable Country Zip 34447 Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMB BLANCHETTE, RALPH H Street Address (P.O. Box Number is Not Acceptable) 1432 EAST CLEVELAND STREET HERNANDO FL 34442 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change NAME BLANCHETTE, JOAN F NAME STREET ADDRESS STREET ADDRESS 1432 EAST CLEVELAND STRET CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 ☐ Change Addition Delete TITLE TITLE NAME NAME BLANCHETTE, RALPH H STREET ADDRESS STREET ADDRESS 1432 EAST CLEVELAND STREET CITY-ST-ZIP CITY-ST-718 HERNANDO FL 34442 ☐ Change Addition THILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

01/27/06 352-726-6727 Date Daytino Phone #