

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90050 027 ***150.00

DOCUMENT # P04000046551			
1. Entity Name INVESTMENT REAL ESTATE SERVICES AND PROPERTY MANAGEMENT, INC.			
Principal Place of Business 11891 US HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408		Mailing Address 11891 US HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business - No P.O. Box # 1665 North Old Dixie Hwy		3. Mailing Address 1665 N-Old Dixie Hwy	
Suite, Apt. #, etc. C-6		Suite, Apt. #, etc. C-6	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33409		Zip 33409	
Country Palm Beach		Country Palm Beach	
4. FEI Number 20-0866194		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 11891 US HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name: Robert C. Hackney, Esq. Street Address (P.O. Box Number is Not Acceptable): Moyle, Flanigan et al. 625 N. Flagler Dr. - 9th Floor City: West Palm Beach FL Zip Code: 33401	
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, the registered agent.			
SIGNATURE:		Robert C. Hackney, 3/16/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MCKENNA, RICK STREET ADDRESS: 11891 US HWY DR, STE 100 CITY-ST-ZIP: NORTH PALM BEACH, FL 33408-	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 1665 N. Old Dixie Hwy STREET ADDRESS: C-6 CITY-ST-ZIP: Jupiter FL 33409	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Robert C. Hackney 3/16/07 561-776-8600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	