

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90577 002 ***150.00

DOCUMENT # P04000055599



1. Entity Name
IN TOUCH REALTY, INC.

Principal Place of Business
**34510 ORCHID PARKWAY
DADE CITY, FL 33523**

Mailing Address
**34510 ORCHID PARKWAY
DADE CITY, FL 33523**

20036916



2. Principal Place of Business
824 E Jefferson St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04082005 Chg-P CR2E034 (10/03)

City & State
Brooksville FL

City & State

4. FFL Number
55-0863934

Applied For
Not Applicable

Zip
34601

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JEFFRIES, RICHARD JR
11334 SW 28TH WAY
WEBSTER, FL 33597**

7. Name and Address of New Registered Agent

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: **Richard H. Jeffries Jr.**

Richard H. Jeffries Jr.

4-15-05

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Richard H. Jeffries Jr.	
STREET ADDRESS	11334 SW 28th Way	
CITY-ST-ZIP	Webster FL 33597	
TITLE	Sec/Treasurer	<input type="checkbox"/> Delete
NAME	Beverly M. Jeffries	
STREET ADDRESS	34510 Orchid Pkwy	
CITY-ST-ZIP	Dade City FL 33523	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Charles Atkinson	
STREET ADDRESS	1155 Sunnyhill Dr	
CITY-ST-ZIP	Brooksville FL 34602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 any address, with all other like empowered.

SIGNATURE: **Richard H. Jeffries Jr.** **Richard H. Jeffries Jr.**

4-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-797-7700