

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90047 013 \*\*\*150.00

**DOCUMENT # P04000089482**

1. Entity Name  
**REALTY EXPERTS OF MARCO ISLAND, INC.**



Principal Place of Business  
**601 ELKCAM CIRCLE EAST STE A-1  
MARCO ISLAND, FL 34145**

Mailing Address  
**601 ELKCAM CIRCLE EAST STE A-1  
MARCO ISLAND, FL 34145**

**50004604**



2. Principal Place of Business  
**149 S. BARFIELD DR.**

3. Mailing Address  
**149 S. BARFIELD DR.**

Suite, Apt. #, etc.  
**NAPLES**

City & State  
**FL**

Zip  
**34113**

Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number  
**55-0883534**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOODWARD, CRAIG R  
C/O WOODWARD, PIRES & LOMBRADO, P.A  
6069 BALD EAGLE DRIVE STE 500  
MARCO ISLAND, FL 34146**

**7. Name and Address of New Registered Agent**

Name  
**BARBARA COMPTON**

Street Address (P.O. Box Number is Not Acceptable)  
**8095 PALOMINO DRIVE**

City  
**NAPLES**

FL Zip Code  
**34113**

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 **BARBARA COMPTON** *Barbara Compton* **1/13/05**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COMPTON, BARBARA			NAME	BARBARA COMPTON		
STREET ADDRESS	601 ELKCAM CIRCLE EAST STE A-1			STREET ADDRESS	149 S. BARFIELD DR.		
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	MARCO ISLAND, FL 34145		
TITLE		<input type="checkbox"/> Delete		TITLE	VICE PRESIDENT VP, D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	ROLAND HAUBER		
STREET ADDRESS				STREET ADDRESS	1195 WHITENBART CR		
CITY-ST-ZIP				CITY-ST-ZIP	MARCO ISLAND, FL 34145		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 an address, with all other like empowered.

SIGNATURE: *Barbara Compton* **BARBARA COMPTON** **1/13/05** **239-394-2494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #