

2005 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90191 043 ***150.00

DOCUMENT # P04000109297

1. Entity Name
REAL PROFESSIONAL BUSINESSES, CORP.



Principal Place of Business
2751 COLONIAL BLVD
105
FORT MYERS, FL 33907 US

Mailing Address
2751 COLONIAL BLVD
105
FORT MYERS, FL 33907 US

50048658



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302005 Chg-P CR2E034 (10/03)

4. FEI Number

20-1401447

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

GOLINDANO, ALCIDES G
2751 COLONIAL BLVD.
105
FORT MYERS, FL 33907

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

ALCIDES GOLINDANO

4/30/05

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GOLINDANO, ALCIDES G
2751 COLONIAL BLVD. APT. 105
FORT MYERS, FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALCIDES GOLINDANO - P. 4/30/05

Date

Daytime Phone #