


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 08:00 A
Secretary of State

DOCUMENT # P04000127921 1. Entity Name REALTY ESSENTIALS OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 3677 CENTRAL AVENUE SUITE F FT MYERS, FL 33901	Mailing Address 3677 CENTRAL AVENUE SUITE F FT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0891443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WELCH, RICHARD A
3677 CENTRAL AVENUE
SUITE F
FT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE D	<p>DO NOT WRITE IN THIS SPACE</p> <p>000000564708 05/20/06-80097-013 150.00</p>
NAME JONES, LINDA F	
STREET ADDRESS 3677 CENTRAL AVE SUITE F	
CITY-ST-ZIP FT MYERS, FL 33901	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Linda F. Jones* **Linda F. Jones, Pres.** 05/11/2006 (239) 292-2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #