


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90401 042 \*\*\*150.00

**DOCUMENT # P04000145676**

1. Entity Name  
**ROBERT FLOYD REALTY, INC.**



Principal Place of Business      Mailing Address  
**505 SOUTH FLAGLER**      **505 SOUTH FLAGLER**  
**SUITE 910**      **SUITE 910**  
**WEST PALM BEACH, FL 33401 US**      **WEST PALM BEACH, FL 33401 US**


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40075783



04052006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**20-1780206**      Not Applicable

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

6. Name and Address of Current Registered Agent

**CHOPIN, FRANK**  
**1 NORTH CLEMATIS**  
**5TH FLOOR**  
**WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **Jones Foster Service, LLC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**505 S. Flagler Drive, Suite 1100**  
 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 registered agent.

SIGNATURE David E. Bovers      **manager**      **4/20/06**  
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, 2006 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	PTS FLOYD, ROBERT 11101 GREEN BAYBERRY DRIVE PALM BEACH GARDENS, FL 33418 <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: [Signature]      **4/26/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #