

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000169724

Entity Name: REALTY CENTRAL, INC.

**FILED**  
**Oct 20, 2005**  
**Secretary of State**

## **Current Principal Place of Business:**

256 PALM COAST PKWY NE  
PALM COAST, FL 32137

## **New Principal Place of Business:**

## **Current Mailing Address:**

P.O BOX 353352  
PALM COAST, FL 32135

## **New Mailing Address:**

256 PALM COAST PKWY NE  
PALM COAST, FL 32137

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

FLORES, ROBERT  
39 BUNKER KNOLLS LN.  
PALM COAST, FL 32137 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FLORES, ROBERT  
Address: P.O BOX 353352  
City-St-Zip: PALM COAST, FL 32135

Title: VP ( ) Delete  
Name: FERRY, JOSPEH  
Address: 140 AVALON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FLORES, PAULINE  
Address: P.O BOX 353352  
City-St-Zip: PALM COAST, FL 32135

Title: VP (X) Change ( ) Addition  
Name: FLORES, ROBERT  
Address: P.O BOX 353352  
City-St-Zip: PALM COAST, FL 32135

Title: D ( ) Change (X) Addition  
Name: FERRY, JOSPEH V  
Address: 140 AVALON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE F FLORES

P

10/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date