2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State
09-08-2006 90002 044 ***158.75

DOCUMENT # P04000172580

1. Entity Name
RLT REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1989 MINNEOLA, FL 34755	P.O. BOX 1989 MINNEOLA, FL 34755

08082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
504 Alcazar Ave	504 Alcazar Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Spgs Fl	City & State: Altamonte Spgs Fl
Zip: 32714 — Country: ~~Lake~~ Seminole	Zip: 32714 — Country: Seminole

4. FEI Number: 73-1725161 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JORDAN, EDWARD P. II
1460 E. HIGHWAY 50
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

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: Risa A. Martinez — 8/10/06
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MARTINEZ, RISA	
STREET ADDRESS	P.O. BOX 1989	
CITY-ST-ZIP	MINNEOLA, FL 34755	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Change ☒ Addition
NAME	Martinez, Risa	
STREET ADDRESS	504 Alcazar Ave	
CITY-ST-ZIP	Altamonte Springs, Fl 32714	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: Risa A. Martinez — 8/10/06 — 407-463-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #