

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000007744

1. Entity Name  
ASSURANCE REAL ESTATE SERVICES, INC.



FILED

06 AUG 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08182006 Chg-P CR2E034 (11/05)

Principal Place of Business  
414 OLD HARD RD STE 101  
ORANGE PARK, FL 32073

Mailing Address  
414 OLD HARD RD STE 101  
ORANGE PARK, FL 32073

2. Principal Place of Business  
4461 ST. Johns AVE

3. Mailing Address  
4461 ST. Johns AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

Zip  
32210

Country  
USA

Zip  
32210

Country  
USA

4. FEI Number  
20-2173358

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ORR, SCOTT G  
414 OLD HARD RD STE 101  
ORANGE PARK, FL 32073

## 7. Name and Address of New Registered Agent

Name  
LOCKWOOD, JOHN D.

Street Address (P.O. Box Number is Not Acceptable)

4324 SWEET GUM LANE

City  
JACKSONVILLE

FL

Zip Code  
32210

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  
*John D. Lockwood*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ORR, SCOTT G  
4117 CHURCHWELL RD  
JACKSONVILLE, FL 32210 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOCKWOOD, JOHN D.  
4324 SWEET GUM LANE ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700079230097  
08/29/06--01060--007 \*\*\$1.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *John D. Lockwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-06

Date

Daytime Phone #

20 8/28