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Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90018 022 ***150 00

DOCUMENT # P05000086494				Secretary of State 03-06-2006 90018 022 ***150.00	
1. Entity Name FLORIDA 1031 EXCHANGE SERVICES, INC.					
Principal Place of Business 750 NE 125TH TERRACE ROAD SILVER SPRINGS, FL 34488		Mailing Address P.O. BOX 2304 SILVER SPRINGS, FL 34489			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent HENDERSON, WANDA GAIL 138 PALM COAST PARKWAY NE SUITE 334 PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name 750 NE 125TH TERRACE ROAD SILVER SPRINGS, FL 34488 Street Address (P.O. Box Number is Not Acceptable) 750 NE 125TH TERRACE ROAD SILVER SPRINGS, FL 34488 City SILVER SPRINGS, FL 34488			
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 _____ (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. <input type="checkbox"/> \$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 P O'REILLY, LAWRENCE P 138 PALM COAST PARKWAY, NE, BOX 334 PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP P.T.S. HENDERSON, WANDA GAIL 750 NE 125TH TERRACE ROAD SILVER SPRINGS, FL 34488			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP HENDERSON, WANDA G 750 NE 125TH TERRACE ROAD SILVER SPRINGS, FL 34488		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: Wanda Gail Henderson WANDA GAIL HENDERSON 3-3-06 352-625-9597 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					