


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90058 023 ***150.00

DOCUMENT # P05000086494 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, No P.O. Box # 22170 NE 106th AVE.		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FT. McCOY, FL		City & State 			
Zip 32134		Country USA		Zip 	
Country 		Zip 		Country 	
4. FEI Number 20-3019606				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, WANDA GAIL 750 NE 125TH TERRACE ROAD SILVER SPRINGS, FL 34488			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22170 NE 106th AVE. City FT. McCOY, FL Zip Code 32134		
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: <u><i>Wanda Gail Henderson</i></u> WANDA GAIL HENDERSON 2-2-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PTS HENDERSON, WANDA G 750 NE 125TH TERRACE ROAD SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	22170 NE 106th AVE. FT McCOY, FL 32134
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
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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: <u><i>Wanda Gail Henderson</i></u> WANDA GAIL HENDERSON 2-2-08 (352) 546-1131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					