

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000122404

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** FEDERATED REALTY SERVICES, INC.

**Current Principal Place of Business:**

7855 ARGYLE FOREST BLVD., STE. 401  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

7855 ARGYLE FOREST BLVD., STE. 401  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 20-3484473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROTHSTEIN, SETH L. ESQ.  
4417 BEACH BLVD., STE. 104  
ADAMS, ROTHSTEIN & SIEGEL, P.A.  
JACKSONVILLE, FL 32207 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: PTSD  
Name: JONES, W. KYLE  
Address: 2324 PINE ISLAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP  
Name: BURLEY, TONI M  
Address: 8153 PINE SPRINGS LANE  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM K. JONES

PTSD

04/11/2012

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

\_\_\_\_\_  
Date