

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000127693

1. Entity Name

REAL MORTGAGE SYSTEMS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -7 PM 2:48

Principal Place of Business

10475 FORTUNE PARKWAY SUITE 203
JACKSONVILLE, FL 32256

Mailing Address

10475 FORTUNE PARKWAY SUITE 203
JACKSONVILLE, FL 32256



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2143276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.
14 EAST BAY ST.
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DUNKLEY, BARRY
STREET ADDRESS 5090 BENTGRASS CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D
NAME STETZER, RICHARD K
STREET ADDRESS 550 BIRCHAM WAY
CITY-ST-ZIP ROSWELL, GA 30075

TITLE O
NAME THORPE, KIM D
STREET ADDRESS 8282 RIDING CLUB ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE O
NAME ALBERS, DAVID M
STREET ADDRESS 12467 HIGHVIEW DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE O
NAME TODD, CHAD E
STREET ADDRESS 450 LA TRAVESIA FLORA, # 203
CITY-ST-ZIP SAINT AUGUSTINE, FL 32095

TITLE O
NAME WEISBERGER, ANDREA
STREET ADDRESS 4544 ROSEWOOD AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32207

600130172356
05/23/08--01010--025 **288.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #