

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000008760

1. Entity Name

REAL SERVICE, INC.



**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business

8121 N.W. 15TH ST.  
PEMBROKE PINE FL 33024

Mailing Address

PO BOX 246061  
PEMBROKE PINES FL 33024-0017  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

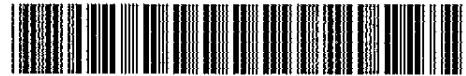
City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 65-0400789

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, STEVEN P  
186 SW 13TH ST  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME DC  
MCKECHNIE, R E ☐ Delete  
STREET ADDRESS 8121 N.W. 15TH ST.  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE NAME PT  
LEE, VIRGINIA B ☐ Delete  
STREET ADDRESS 10251 S.W. 91ST ST.  
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS U00000080490  
CITY-ST-ZIP 03/08/04-80110-018 150.00

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

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

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *R.E. MCKECHNIE* R.E. MCKECHNIE

3-6-04

954432 6704

Date

Daytime Phone #