


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000016216	
1. Entity Name REALTY SERVICES, INC. OF THE SOUTH	

Principal Place of Business 415 N COVE BLVD PANAMA CITY, FL 32401	Mailing Address 415 N COVE BLVD PANAMA CITY, FL 32401
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05202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3167274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAWRENCE JAMES H 415 N COVE BLVD PANAMA CITY, FL 32401
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS REID, LEAH J 415 N COVE BLVD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LA BARRE WILLAIRD 790 SKYLAND AVE. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000161158 05/21/04-80002-007 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Leah J. Reid</u> LEAH J. REID	Date: <u>5-20-04</u>	Daytime Phone #: <u>850/763-8565</u>
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