

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90041 019 ***150.00

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1. Entity Name

ACHIEVA REALTY INC.



Principal Place of Business
236 LAURAL RIDGE PASS
DAVENPORT FL 33897

Mailing Address
P.O. BOX 2734
PINELLAS PARK FL 33780



2. Principal Place of Business - No P.O. Box #

6749 80th Ave North

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2734

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Pinellas Park, FL 33781

Zip

33781

Country

USA

City & State

Pinellas Park, FL

Zip

33780

Country

USA

4. FEI Number 59-3226406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KILLIAN, DAVID R
6749 80TH AVENUE NORTH
PINELLAS PARK FL 33781

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

David R Killian

Signature, typed or printed name of registered agent and title + apostrophe

(NOTE: Registered Agent signature required when registering)

1/29/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 D
NAME KILLIAN, DAVID R
STREET ADDRESS 6749 80 TH AVENUE NORTH
CITY ST ZIP PINELLAS PARK FL 33780 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY ST ZIP

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NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David R Killian David R Killian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Date

727-744-3933

Daytime Phone