

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008052

FILED
Apr 21, 2008
Secretary of State

Entity Name: RESIDENTIAL MANAGEMENT SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

9521 S. ORANGE BLOSSOM TR.
SUITE 103
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

9521 S. ORANGE BLOSSOM TR.
SUITE 103
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3301943 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, J D
9521 S. ORANGE BLOSSOM TR., STE. 103
ORLANDO, FL 32837 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, J D
Address: 3500 CULLEN LAKE SHORE DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: PSTD () Delete
Name: BROOKS, CANDEE JONES
Address: 5218 ST. REGIS PLACE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CANDEE JONES BROOKS

PSTD

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date