2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000015816

1. Entity Name
REALTY EXECUTIVES OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
13261 MCGREGOR BLVD UNIT C FT. MYERS, FL 33919 US	13261 MCGREGOR BLVD UNIT C FT. MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE

01312006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0559566	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CARPENTER, RONALD A
13261 MCGREGOR BLVD
UNIT C
FORT MYERS, FL 33919

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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, 2006 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	CARPENTER, RONALD A
STREET ADDRESS	13261 MCGREGOR BLVD UNIT C
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/06-80024-016 150.00

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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: _____   1-31-06   239-437-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #