


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000069851 1. Entity Name AMERICAN REALTOR, INC. |  |
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|---|---|
| Principal Place of Business 8167 SR 52 HUDSON FL 34667 US | Mailing Address 10393 VENTURA AVE. SPRINGHILL FL 34608 US |
|---|---|



1st MOORE CR2E034 (10/04)

| | | |
|--------------------------------|--------------------|------------------|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt #, etc. | Suite, Apt #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |

| | |
|---------------------------------|--|
| 4. FEI Number 59-3336004 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent GALBO, ROBERT F 10393 VENTURA DRIVE SPRING HILL FL 34608 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|----------------------|---------------------------------|--|---|--|--|--|
| TITLE | PSD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | GALBO, ROBERT F | | | NAME | | | |
| STREET ADDRESS | 10393 VENTURA DRIVE | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | SPRING HILL FL 34608 | | | CITY - ST - ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | GALBO, RACHEL | | | NAME | | | |
| STREET ADDRESS | 10393 VENTURA RD. | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | SPRINGHILL FL 34608 | | | CITY - ST - ZIP | | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | GALBO, ROBERT | | | NAME | | | |
| STREET ADDRESS | 10393 VENTURA DRIVE | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | SPRINGHILL FL 34608 | | | CITY - ST - ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | GALBO, N. | | | NAME | | | |
| STREET ADDRESS | 10393 VENTURA DR. | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | SPRING HILL FL 34608 | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |

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01/24/05-80188-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert F Galbo* Date: 1/19/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR