

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90024 021 ***150.00

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DOCUMENT # P95000069851			
1. Entity Name AMERICAN REALTOR, INC.			
Principal Place of Business 8167 SR 52 HUDSON, FL 34667 US		Mailing Address 10393 VENTURA AVE. P.O. Box 3564 SPRINGHILL, FL 34608 US 34611	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALBO, ROBERT F 10393 VENTURA DRIVE P.O. Box 3564 SPRING HILL, FL 34608 10393 Spring Hill FL 34611 34611		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALBO, ROBERT F 10393 VENTURA DRIVE SPRING HILL, FL 34608 34611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT F GALBO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 3564 SPRING HILL, FL 34611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALBO, RACHEL <input checked="" type="checkbox"/> Delete 10393 VENTURA RD. SPRINGHILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIANCARLO GALBO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. BOX 3564 SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALBO, ROBERT <input type="checkbox"/> Delete 10393 VENTURA DRIVE SPRINGHILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT F GALBO <input type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 3564 SPRING HILL, FL 34611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALBO, N. <input checked="" type="checkbox"/> Delete 10393 VENTURA DR SPRING HILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		2/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	