

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90021 028 ***150.00

DOCUMENT # P95000069851

1. Entity Name

AMERICAN REALTOR, INC.



Principal Place of Business

8167 SR 52
HUDSON FL 34667
US

Mailing Address

PO BOX 3564
SPRING HILL FL 34611
US



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

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3336004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

FRANK GALBO

Street Address (P.O. Box Number is Not Acceptable)

40 Janet Parrish Ln
PO Box 3564 2288 Commercial Way
Spring Hill FL 34606

City

FL

Zip Code

34606

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PSD
NAME GALBO, ROBERT F
STREET ADDRESS PO BOX 3564
CITY-ST-ZIP SPRING HILL FL 34611 ☒ Delete

TITLE V
NAME GALBO, GIANCARLO
STREET ADDRESS PO BOX 3564
CITY-ST-ZIP SPRING HILL FL 34611 ☐ Delete

TITLE S
NAME GALBO, ROBERT
STREET ADDRESS PO BOX 3564
CITY-ST-ZIP SPRING HILL FL 34611 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE FRANK GALBO P.
NAME P.O. Box 3564
STREET ADDRESS SPRING HILL, FL 34611 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NICHOLAS GALBO Son
NAME P.O. Box 3564
STREET ADDRESS SPRING HILL, FL 34611 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #