2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000017201

REAL VEST PROPERTIES INC.



FILED May 03, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

17953 SAN CARLOS BLVD FT. MYERS BEACH, FL 33931 US P.O. BOX 6926

FT. MYERS BEACH, FL 33911 US

No Chg-P

CR2E034 (11/05)

239

4. FEI Number 65-0645681

04172007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DOMINIC, STEVEN

SIGNATURE:

DO NOT WRITE

17953 SAN CARLOS BLVD FT. MYERS BEACH, FL 33931			IN THIS SPACE		
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 Signalure, hyped or privated reams of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE					
Fil. After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	.,
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINIC, STEVE 17953 SAN CARLOS BLVD FT. MYERS BEACH, FL 33931	CTORS			!
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMINIC, KIMBERLY 17953 SAN CARLOS BLVD FT. MYERS BEACH, FL 33931				U00000759347 05/24/07-80038-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				· -	NOT WRITE
NAME STREET ADORESS CITY-ST-ZIP				iN	THIS SPACE
TATLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE Name Street address City-St-Zip					
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 withigh an address, with all other like empowered.					

with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR