


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/ **FILED**
Mar 25, 2008 8:00 am
Secretary of State

03-03-2008 90193 024 ***150.00

DOCUMENT # P96000020835 1. Entity Name REALTY MANAGEMENT ASSOCIATES, INC.	
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Principal Place of Business 3762 C TAMiami TRAIL PORT CHARLOTTE, FL 33952	Mailing Address 3762 C TAMiami TRAIL PORT CHARLOTTE, FL 33952
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66004930



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480735	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCRIBNER, SUSAN 3628 ALLAPATCHEE DRIVE PUNTA GORDA, FL 33950
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SCRIBNER, SUSAN J 3628 ALLAPATCHEE DR PUNTA GORDA, FL 33950
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**DO NOT WRITE
IN THIS SPACE**

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: *Susan Scribner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-08 94625 3131
Date Daytime Phone #