

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90155 045 ***150.00

DOCUMENT # P97000102410 1. Entry Name REALTY WORKS, INC.																																																																																									
Principal Place of Business 8359 BEACON BLVD. #103 FORT MYERS, FL 33907		Mailing Address 8359 BEACON BLVD. #103 FORT MYERS, FL 33907																																																																																							
2. Principal Place of Business PO BOX 61849 Suite, Apt. #, etc.		3. Mailing Address PO BOX 61849 Suite, Apt. #, etc.																																																																																							
City & State FT MYERS, FL		City & State FT MYERS, FL		4. FEI Number 65-0800885																																																																																					
Zip 33906		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent MENDOLERA, TRACI 13313 ROYAL PALM RUN N FT MYERS, FL 33903				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: <u><i>Traci Mendolera, President</i></u> 4/29/05 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)																																																																																									
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>P MENDOLERA, TRACI</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>13313 ROYAL PALM RUN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>N FT MYERS, FL 33903</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VP MENDOLERA, DEAN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>13313 ROYAL PALM RUN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>N FT MYERS, FL 33903</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition		P MENDOLERA, TRACI						13313 ROYAL PALM RUN						N FT MYERS, FL 33903												VP MENDOLERA, DEAN						13313 ROYAL PALM RUN						N FT MYERS, FL 33903																																		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Traci Mendolera</i></u> 4/29/05 239-872-9685 Signature and typed or printed name of business officer or director. (Date) (Telephone #)																																																																																									