


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90001 021 \*\*\*150.00

<b>DOCUMENT # P99000022850</b>	
1. Entity Name <b>FLORIDA REALTY SERVICES INC.</b>	

Principal Place of Business <b>4500 140TH AVE. NO. #101 CLEARWATER, FL 33762</b>	Mailing Address <b>2207 ELIZABETH WAY DUNEDIN, FL 34698</b>
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**50058130**



07212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3605226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>COCHRAN, DANIEL L 2207 ELIZABETH WAY DUNEDIN, FL 34698</b>
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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 Carolyn A Cochran (P) DATE 7-21-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES COCHRAN, DANIEL L 2207 ELIZABETH WAY DUNEDIN, FL 34698</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres Carolyn A Cochran 1515 Serenity Trail Palm Harbor FL 34685</b>
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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)(l), 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: Carolyn Cochran DATE 7-21-05 727 942 1245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR