2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 02, 2008 08:00 AN Secretary of State DOCUMENT # P99000023082 1. Entity Name J.P. REALTY SERVICES INC. Principal Place of Business Mailing Address 698 WEST HIGHWAY 50 698 WEST HIGHWAY 50 SUITE D CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3565241 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nanie DAVIS, PAUL F Street Address (P.O. Box Number is Not Acceptable) 2410 LAKEVIEW AVE CLERMONT FL 34711 City 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 Synatore, typed or crisined hence of rogistered assent and the hampleable. (NOTE: Registrated Agunt signature required when reimfating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HT; F Defete TITLE Addition NAME DAVIS, PAUL F NAME U00000942342 STREET ADDRESS 2410 LAKEVIEW AVE STREET ADDRESS 05/29/08-80016-014 150.00 CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP TITLE Derete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-\$T-ZIP Hite ☐ Derete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1111.6 Derete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZiP CITY-ST-ZIP TITLE ☐ De-ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-2IP CITY-S1-ZIP De ele TITLE TITLE ☐ Change - Addition

12. Thereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY - ST- ZIP

SIGNATURE: 1/2

NAME

STREET ADDRESS

CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April x 30, 2008

Day: по Ръзне **х**