

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90060 033 ***150.00

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1. Entity Name

REAL ESTATE GROUP OF AMERICA, INC.



Principal Place of Business

5657 MANATEE AVE W
BRADENTON FL 34209

Mailing Address

5657 MANATEE AVE W
BRADENTON FL 34209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0927955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, DERRYL T
5657 MANATEE AVE W
BRADENTON FL 34209

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME MCCARNEY, LUCI
STREET ADDRESS 1905 MANATEE AVE W
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ Delete
NAME HOLDERNESS, JUDITH
STREET ADDRESS 7333 N. TAMiami TR
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Delete
NAME EDWARDS, DERRYL T
STREET ADDRESS 5657 MANATEE AVE W.
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Delete
NAME CAMPBELL, BETTY
STREET ADDRESS 9516 CORTEZ RD. W
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ Delete
NAME TODD, ROBERT V
STREET ADDRESS 2305 53RD AVE. W
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME DIR
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME TREAS
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME PRES
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME SECY
STREET ADDRESS GAMBRELL, BETTY
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/05 (991) 792 2363