

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 042 ***150.00

DOCUMENT # P99000087694

1. Entity Name
RX REALTY EXPERTS, INC.



Principal Place of Business
211 EAST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH, FL 32118

Mailing Address
211 EAST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3601545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMON, URSULA
211 E INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32118

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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 _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMON, FELIX
STREET ADDRESS	4205 S ATLANTIC
CITY-ST-ZIP	DAYTONA BEACH, FL 32127
TITLE	ST
NAME	AMON, URSULA
STREET ADDRESS	4205 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32127
TITLE	VP
NAME	Linda Hargreaves
STREET ADDRESS	211 E Int'l Speedway Blvd
CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 # _____