## Mar 20, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** 03-20-2008 90034 003 \*\*\*150.00 DOCUMENT # P99000093306 R.S. PROPERTY VENTURES, INC. Principal Place of Business Mailing Address 50000574 1017 UNION STREET 1017 UNION STREET CLEARWATER, FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2700 Landmark DV Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For earnia 65-0965729 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U.5.AFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOOTH, ANASTASIA Street Address (P.O. Box Number is Not Acceptable) 1017 UNION STREET CLEARWATER, FL 33755 Cleanna ter 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. mastas SIGNATURE 9.. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Addition TITLE PALKALIDIS, LAZARUS NAME NAME 40 BAYWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-S1-ZIP Change Delete ☐ Addition TITLE TITLE BOOTH, STEVEN NAME STREET ADDRESS 1017 UNION ST. STREET ADDRESS CLEARWATER, FL 33755 CITY-ST-7P CITY-ST-7IP Change Delete TITLE ☐ Addition TITLE BOOTH, ANASTASIA NAME NAME 1017 UNION STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33755 ☐ Change TITLE ☐ Delete HITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/8 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/18

727. 724. 880

Daytime Phone i

FILED