

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S07167

1. Entity Name  
REALTY SERVICES GROUP, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP -9 AM 11:12

Principal Place of Business  
8641 BAYPINE ROAD  
SUITE 1  
JACKSONVILLE, FL 32256

Mailing Address  
8641 BAYPINE ROAD  
SUITE 1  
JACKSONVILLE, FL 32256 US

2. Principal Place of Business - No P.O. Box #  
4475 US 1 South

3. Mailing Address  
P. O. Box 550577

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 201

City & State  
St. Augustine, FL

City & State  
Jacksonville, FL

Zip  
32086

Country  
USA

Zip  
32255-0577

Country  
USA

08292008

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-3031883

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

REGISTER, SIDNEY W. JR.  
8641 BAYPINE ROAD 101 Clam Bake Court  
SUITE 1  
JACKSONVILLE, FL 32256 St. Augustine, FL  
32080

## 7. Name and Address of New Registered Agent

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)

9/1/08  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D REGISTER, SIDNEY W. JR.  
STREET ADDRESS  
8641 BAYPINE ROAD SUITE 1  
CITY-ST-ZIP  
JACKSONVILLE, FL --

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres/Sec-Treas/Dir: ☒ Change ☐ Addition  
101 Clam Bake Court  
St. Augustine, FL 32080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900135962359  
09/16/08--01018--005 \*\*61.25

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

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 supplement 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 #

S.W. Register, Jr. 9/1/08 904.759.4542