

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09626

FILED
Mar 19, 2009
Secretary of State

Entity Name: REALTY PROFESSIONALS, OF GAINESVILLE, INC.

Current Principal Place of Business:

105 SW 140TH CT STE 5
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

818 SW 105TH TERRACE
GAINESVILLE, FL 32607

New Mailing Address:

105 SW 140TH CT STE 5
NEWBERRY, FL 32669

FEI Number: 59-3036476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINE, ALLEN E
105 SW 140TH CT STE 5
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: STINE, ALLEN E.,
Address: 818 SW 105TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: STINE, PATRICIA F
Address: 13840 W NEWBERRY ROAD SUITE 200
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: STINE, ALLEN E.,
Address: 105 SW 140TH COURT SUITE 5
City-St-Zip: NEWBERRY, FL 32669

Title: VP (X) Change () Addition
Name: STINE, PATRICIA F
Address: 105 SW 140TH COURT SUITE 5
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN E. STINE

OWNE

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date