

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081336

Entity Name: REALHOME SERVICES AND SOLUTIONS, INC.**Current Principal Place of Business:**1000 ABERNATHY RD STE 245
ATLANTA, GA 30328-5604**Current Mailing Address:**1000 ABERNATHY RD STE 245
ATLANTA, GA 30328-5604 US**FEI Number:** 26-3301829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title ASSISTANT SECRETARY
Name DENONCOURT, TERESA L.
Address 12001 SCIENCE DRIVE
SUITE 100
City-State-Zip: ORLANDO FL 32826

Title PRESIDENT
Name SIBIGA, STEPHEN P.
Address 12001 SCIENCE DRIVE
SUITE 100
City-State-Zip: ORLANDO FL 32826

Title TREASURER
Name HARCOURT, TIMOTHY G.
Address 1000 ABERNATHY RD STE 245
City-State-Zip: ATLANTA GA 30328-5604

Title DIRECTOR
Name ESTERMAN, MICHELLE D.
Address 40, AVENUE MONTEREY
City-State-Zip: LUXEMBOURG CITY L-2163

Title DIRECTOR
Name DAVILA, JOSEPH A.
Address 40, AVENUE MONTEREY
City-State-Zip: LUXEMBOURG CITY L-2163

Title DIRECTOR
Name WILCOX, KEVIN J.
Address 40, AVENUE MONTEREY
City-State-Zip: LUXEMBOURG CITY L-2163

I hereby 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 all other like empowered.

SIGNATURE: TERESA L. DENONCOURT**ASSISTANT SECRETARY 04/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date