

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004180

Entity Name: PITZALIS REALTY MANAGEMENT, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

519 SALT TIDE WAY
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

519 SALT TIDE WAY
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 22-3279915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITZALIS, WILLIAM G
519 SALT TIDE WAY
ST. AUGUSTINE, FL 32080 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: CPT () Delete
Name: PITZALIS, WILLIAM G
Address: 519 SALT TIDE WAY
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VC () Delete
Name: PITZALIS, LEONARD
Address: 3659 VIA BERNARDO
City-St-Zip: OCEANSIDE, CA 92056

Title: DS () Delete
Name: PITZALIS, SCOTT
Address: 111 EAST RIDGEWOOD AVE. #28
City-St-Zip: RIDGEWOOD, NJ 07450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: PITZALIS, SCOTT
Address: 111 EAST RIDGEWOOD AVE. #2B
City-St-Zip: RIDGEWOOD, NJ 07450

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM G PITZALIS

CPT

04/29/2005

Electronic Signature of Signing Officer or Director

Date