

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F04000004180

1. Entity Name

PITZALIS REALTY MANAGEMENT, INC.



Principal Place of Business
519 SALT TIDE WAY
ST. AUGUSTINE FL 32080

Mailing Address
519 SALT TIDE WAY
ST. AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

06 AUG -4 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE

CR2E034 (4/06)

4. FEI Number 22-3279915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITZALIS, WILLIAM G
519 SALT TIDE WAY
ST. AUGUSTINE FL 32080

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)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPT
NAME PITZALIS, WILLIAM G ☐ Delete
STREET ADDRESS 519 SALT TIDE WAY
CITY - ST - ZIP ST. AUGUSTINE FL 32080

TITLE VC
NAME PITZALIS, LEONARD ☐ Delete
STREET ADDRESS 3659 VIA BERNARDO
CITY - ST - ZIP OCEANSIDE CA 92056

TITLE DS
NAME PITZALIS, SCOTT ☐ Delete
STREET ADDRESS 111 EAST RIDGEWOOD AVE. #2B
CITY - ST - ZIP RIDGEWOOD NJ 07450

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700078528027
CITY - ST - ZIP 08/09/06--01050--003 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300078528063
CITY - ST - ZIP 08/09/06--01050--004 **400.00

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William G Pitzalis CPT

7/31/06 904 461-7265