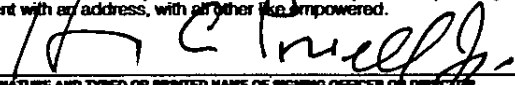


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # H15147		
1. Entity Name PRENTICE REALTY CORPORATION		
Principal Place of Business 1100 W HOMESTEAD RD STE D LEHIGH ACRES, FL 33936	Mailing Address 1100 HOMESTEAD RD. N. LEHIGH ACRES, FL 33936 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POWELL, HARRY C., JR. 1100 HOMESTEAD RD. N. LEHIGH ACRES, FL 33936		DO NOT WRITE IN THIS SPACE
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 reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGLICKIS, RICHARD 643 GRANDVIEW DR. LEHIGH ACRES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST POWELL, HARRY C., JR 100 DANIA CIRCLE LEHIGH ACRES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 fees empowered.		
SIGNATURE:  2-5-08 239-3695849 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2443460	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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02/27/08-80012-022 150.00

**DO NOT WRITE
IN THIS SPACE**