


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90580 043 ***150.00

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|---|---|
| DOCUMENT # J94079 |  |
| 1. Entity Name PRUDENTIAL FEZLER & RUSSELL REAL ESTATE INC. | |

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|--|--|
| Principal Place of Business 1690 RAYMOND DIEHL RD. C-6 TALLAHASSEE FL 32308 US | Mailing Address 1690 RAYMOND DIEHL RD. C-6 TALLAHASSEE FL 32308 US |
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| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business 2573 Barrington Circle | | 3. Mailing Address 2573 Barrington Circle | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/04)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent FEZLER, KATHERINE 1690 RAYMOND DIEHL RD, C-6 TALLAHASSEE FL 32308 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2573 Barrington Circle 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  DATE **2/07/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST FEZLER, KATHERINE 1690 RAYMOND DIEHL RD, C-6 TALLAHASSEE FL 32308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2573 Barrington Circle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **2/07/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR