

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90022 045 ***150.00

DOCUMENT # K59674

1. Entity Name

FLORIDA REAL ESTATE CONSULTANTS, INC.



Principal Place of Business

5150 TAMiami TRAIL NORTH
SUITE 503
NAPLES FL 34103
US

Mailing Address

5150 TAMiami TRAIL NORTH
SUITE 503
NAPLES FL 34103
US



2. Principal Place of Business

5150 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

Suite 600

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Address

5150 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

Suite 600

City & State

Naples, FL

Zip

34103

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0097806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLAAS, BRIAN J
5150 TAMiami TRAIL NORTH
SUITE 503
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Brian J. Klaas

Street Address (P.O. Box Number is Not Acceptable)

2801 OLDE CYPRESS DRIVE

City

Naples

FL

Zip Code

34119

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

Brian J. Klaas, registered agent

(NOTE: Registered Agent Signature required when relocating)

1/29/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPST ☐ Delete

NAME RICHARD L. KLAAS

STREET ADDRESS 5150 TAMiami TRAIL NORTH SUITE 503

CITY-ST-ZIP NAPLES FL 34103

TITLE P ☐ Delete

NAME BRIAN J. KLAAS

STREET ADDRESS 5150 TAMiami TRAIL NORTH 503

CITY-ST-ZIP NAPLES FL 34103

TITLE VP ☐ Delete

NAME KLAAS, RALPH B.

STREET ADDRESS 5150 TAMiami TRAIL NORTH SUITE 503

CITY-ST-ZIP NAPLES FL 34103

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

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

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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 Section 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:

Brian J. Klaas, President

1/29/06

DATE

239 643 2525

DAYTIME PHONE #