

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000032873

1. Entity Name

TRANSFER/RELOCATION CONSULTANTS, INC.



Principal Place of Business  
5099 ATLANTIC VIEW  
SAINT AUGUSTINE FL 32080

Mailing Address  
5099 ATLANTIC VIEW  
ST AUGUSTINE FL 32080



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3320522

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BLOODWORTH, WILLIAM J  
5099 ATLANTIC VIEW  
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 resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
BLOODWORTH, WILLIAM J  
5099 ATLANTIC VIEW  
ST AUGUSTINE FL 32080 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U00000426220  
02/20/06-80035-014 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
BLOODWORTH, NANCY P  
5099 ATLANTIC VIEW  
ST AUGUSTINE FL 32080 ☐ Delete

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

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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: Nancy P. Bloodworth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2006  
Date

904-460-0354  
Daytime Phone #