

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000061649

1. Entity Name
**PROFESSIONAL REALTY CONSULTANTS OF LEE CO.,
INC.**



Principal Place of Business
**2503 DEL PRADO BLVD.
SUITE 500
CAPE CORAL, FL 33904**

Mailing Address
**2503 DEL PRADO BLVD.
SUITE 500
CAPE CORAL, FL 33904**

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0436456** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LARROW, PAUL L
3501 DEL PRADO BLVD SUITE 312
CAPE CORAL, FL 33904**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TEAGUE, GEORGE
STREET ADDRESS	1809 SW 23RD STREET
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	TS
NAME	LARROW, PAUL L
STREET ADDRESS	3501-312 DEL PRADO BLVD.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953707
07/09/08-80002-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-08

Date

239-850-1098

Daytime Phone