


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90020 021 \*\*\*150.00

<b>DOCUMENT # P96000095906</b> 1. Entity Name PROPERTY CONSULTANTS OF FLORIDA, INC.																													
Principal Place of Business 4056 NORTHLIGHT DR. NAPLES, FL 34112 US			Mailing Address C/O CHARLES A TINI P.O BOX 142 BELTSVILLE, MD 20704 US																										
2. Principal Place of Business 2800 BOCCACCIO WAY		3. Mailing Address Suite, Apt. #, etc.																											
City & State Bonita Springs, FLA		City & State Suite, Apt. #, etc.		02212005 Chg-P CR2E034 (10/03)																									
Zip 34130		Country USA		4. FEI Number 65-0713702																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75, Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  TINI, CHARLES A 4056 NORTHLIGHT NAPLES, FL 34112			7. Name and Address of New Registered Agent Name CHARLES A TINI Street Address (P.O. Box Number is Not Acceptable) 28000 BOCCACCIO WAY City BONITA SPRINGS FL Zip Code 34135																										
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 <i>Charles A Tini</i> @ CHARLES A TINI 2-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TINI, CHARLES A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 142 N/A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BELTSVILLE, MD 20704</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	TINI, CHARLES A		STREET ADDRESS	P.O. BOX 142 N/A		CITY-ST-ZIP	BELTSVILLE, MD 20704		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Charles A Tini</i> CHARLES A TINI 2-28-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													