

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90022 048 ***150.00

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1. Entity Name

PROPERTY CONSULTANTS OF FLORIDA, INC.



Principal Place of Business

2800 BOCCACCIO WAY
BONITA SPRINGS, FL 34135 US

Mailing Address

C/O CHARLES A TINI
P.O BOX 142
BELTSVILLE, MD 20704 US



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0713702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TINI, CHARLES A
4056 28000 BACCACCIO WAY
BONITA SPRINGS, FL 34135

**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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TINI, CHARLES A
STREET ADDRESS	P.O. BOX 142 N/A
CITY- ST -ZIP	BELTSVILLE, MD 20704
TITLE	TINI, CHARLES
NAME	P.O. BOX 142
STREET ADDRESS	BELTSVILLE, MD 20704
CITY- ST -ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 25, 2006

Date

301.595.5191

Daytime Phone #