
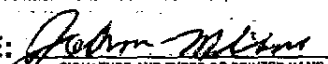


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # S03912		
1. Entity Name PROFESSIONAL REALTY OF CENTRAL FLORIDA RELOCATION, INC.		
Principal Place of Business 5600 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652		Mailing Address 5600 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652
DO NOT WRITE IN THIS SPACE		
		01172004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2600098
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MILANO, JOANN 5600 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILANO, JOANN 4933 SOUTH SHORE DR NEW PORT RICHEY, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  JOANN MILANO, P		U000000012244 01/26/04-80001-021 150.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-17-04 Daytime Phone # (727) 841-3300