

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 20, 2007 8:00 am  
Secretary of State**

01-31-2007 90049 045 \*\*\*150.00

|                                                                                                                  |                                                                                   |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # S03912</b><br>1. Entity Name<br><b>PROFESSIONAL REALTY OF CENTRAL FLORIDA<br/>RELOCATION, INC.</b> |  |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>5600 U.S. HIGHWAY 19<br/>NEW PORT RICHEY, FL 34652</b> | Mailing Address<br><b>5600 U.S. HIGHWAY 19<br/>NEW PORT RICHEY, FL 34652</b> |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



01042007 No Chg-P CR2E034 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-2600098</b> | Applied For<br>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<br><br><b>MILANO, JOANN<br/>5600 U.S. HIGHWAY 19<br/>NEW PORT RICHEY, FL 34652</b> |
|------------------------------------------------------------------------------------------------------------------------------------|

**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 *Joann Milano* DATE 1/23/07  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS                         |                                                                                      |
|----------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MILANO, JOANN<br>4933 SOUTH SHORE DR<br>NEW PORT RICHEY, FL <i>Joann Milano</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 *Joann Milano*