



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90043 004 ***150.00

DOCUMENT # V41145 1. Entity Name PRO REALTY CONSULTANTS, INC.					
Principal Place of Business 6639 SOUTH POINT PKWY 106 JACKSONVILLE, FL 32216 US			Mailing Address 6639 SOUTH POINT PKWY 106 JACKSONVILLE, FL 32216 US		
2. Principal Place of Business - No P.O. Box # 4181 Southpoint QRE		3. Mailing Address 4181 Southpoint QRE			
Suite, Apt. #, etc. 400		Suite, Apt. #, etc. 400		02262007 Chg-P CR2E034 (12/06)	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3127265	
Zip 32214		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, MURRAY A 6639 SOUTHPOINT PKWY SUITE 106 JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT LEWIS, VICKEY A. <input type="checkbox"/> Delete 6639 SOUTHPOINT PKWY SUITE 106 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Vickey A. Lewis</u> <u>Vickey A. Lewis PSDT</u> <u>3-13-07</u> <u>904-246-0901</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
20007856
Division of Corporations
Annual Report

Document Number	V41145
Business Entity Name	PRO REALTY CONSULTANTS, INC.
FEI Number	593127265
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	4181 SOUTH POINT DRIVE EAST
Suite, Apt. #, etc.	400
City, State	JACKSONVILLE, FL
Zip Code & Country	32216 US

Mailing Address

Address	4181 SOUTH POINT DRIVE EAST
Suite, Apt. #, etc.	400
City, State	JACKSONVILLE, FL
Zip Code & Country	32216 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	LEWIS, MURRAY A. , , MGR.
Address	4181 SOUTHPOINT DRIVE EAST
Suite, Apt. #, etc.	SUITE 400
City, State	JACKSONVILLE, FL
Zip Code & Country	32216 US
Registered Agent Signature	MURRAY A. LEWIS

Officer/Director Name and Address

Title	PSDT
Name (Last, First, Middle, Title)	VICKEY A., LEWIS , PSDT
Street Address	4181 SOUTHPOINT DRIVE EAST SUITE 400
City, State	JACKSONVILLE, FL
Zip Code & Country	32216

ATTACHMENT

20007856
#V41145

Title PSDT
Officer/Director Signature VICKEY A. LEWIS

Continue

Start Over