

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K98743

FILED
Feb 09, 2009
Secretary of State

Entity Name: FORTY-TWO REALTY, INC.

Current Principal Place of Business:

6260-D DUPONT STATION COURT
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255 US

New Mailing Address:

FEI Number: 59-2956428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: HELMING, HARLAND D
Address: 2988 BERNICE DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: DP () Delete
Name: GEFEN, LOIS I
Address: 6740 N. EPPING FOREST WY
City-St-Zip: JACKSONVILLE, FL

Title: DT () Delete
Name: JAFFE, BARBARA G
Address: 6750 N. EPPING FOREST WY
City-St-Zip: JACKSONVILLE, FL

Title: AS () Delete
Name: GEFEN, SIDNEY
Address: 6260-D DUPONT STATION COURT
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS GEFEN

_____ Electronic Signature of Signing Officer or Director

P

02/09/2009

_____ Date