


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M87352
 1. Entity Name
FIRST APOPKA REALTY, INC.



Principal Place of Business Mailing Address
2078 APOPKA BLVD **PO BOX 1990**
APOPKA, FL 32703 **APOPKA, FL 32704**

DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-2902274 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STONE, STEPHEN M.
725 N. MAGNOLIA AVENUE
ORLANDO, FL 32803

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 renewing) 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 | PD |
| NAME | ADLER, BRUCE H. |
| STREET ADDRESS | 99 S NEWMAN ST |
| CITY-ST-ZIP | HACKENSACK, NJ |
| TITLE | STD |
| NAME | BEALE, LEROY |
| STREET ADDRESS | 1302 LAVANHAM CT |
| CITY-ST-ZIP | APOPKA, FL |
| TITLE | D |
| NAME | ADLER, LINDA |
| STREET ADDRESS | 99 S NEWMAN ST |
| CITY-ST-ZIP | HACKENSACK, NJ |
| TITLE | D |
| NAME | ADLER, ALAN |
| STREET ADDRESS | 99 S NEWMAN ST. |
| CITY-ST-ZIP | HACKENSACK, NJ |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Stephen M. Stone* Date: 2/6/06 Daytime Phone #: 407-884-8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #