



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

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

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

**DO NOT WRITE IN THIS SPACE**

	
03092007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-2902274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

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

**DO NOT WRITE IN THIS SPACE**

U00000663256  
03/21/07-80046-022 150.00

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: *Leroy Beale*      3/9/07      407-884-8004

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