


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
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



03282008 No Chg-P CR2E034 (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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000877718
 04/14/08-80025-020 150.00

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	

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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 an other like empowered.

SIGNATURE: [Signature] 3/28/08 407-584-8004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #