

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M87352

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: FIRST APOPKA REALTY, INC.

**Current Principal Place of Business:**

2078 APOPKA BLVD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1990  
APOPKA, FL 32704

**New Mailing Address:**

FEI Number: 59-2902274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONE, STEPHEN M.  
725 N. MAGNOLIA AVENUE  
ORLANDO, FL 32803    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: PD ( ) Delete  
Name: ADLER, BRUCE H.,  
Address: 99 S NEWMAN ST  
City-St-Zip: HACKENSACK, NJ

Title: STD ( ) Delete  
Name: BEALE, LEROY,  
Address: 1302 LAVANHAM CT  
City-St-Zip: APOPKA, FL

Title: D ( ) Delete  
Name: ADLER, LINDA,  
Address: 99 S NEWMAN ST  
City-St-Zip: HACKENSACK, NJ

Title: D ( ) Delete  
Name: ADLER, ALAN,  
Address: 99 S NEWMAN ST.  
City-St-Zip: HACKENSACK, NJ

**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: LEROY BEALE

STD

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date