

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S27180

Entity Name: BEHLOR REALTY, INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

2450 GRANADA BLVD.  
REAR BUILDING  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 420729  
KISSIMMEE, FL 347420729 US

**New Mailing Address:**

FEI Number: 59-3049412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LULICH, STEVEN  
1069 MAIN ST  
SEBASTIAN, FL 32958 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: VD ( ) Delete  
Name: LANGHAM, MICHELLE  
Address: 2450 GRANADA BLVD  
City-St-Zip: KISSIMMEE, FL 34746

Title: PTDS ( ) Delete  
Name: LANGHAM, STEPHEN  
Address: 2450 GRANADA BLVD.  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: STEPHEN LANGHAM

P

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date