

2009 FOR PROFIT CORPORATION 2009 ANNUAL REPORT (AR)

DOCUMENT # 340353

1. Entity Name

F. P. F. REALTY, INC.



FILED
09 APR 14 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
259 S. TRADEWINDS AVE
FORT LAUDERDALE FL 33308

Mailing Address
259 S. TRADEWINDS AVE
LAUDERDALE BY THE SEA FL 33308-5011

2. Principal Place of Business - No P.O. Box #

259 So. Tradewinds Ave.

Suite, Apt. #, etc.

Lauderdale By The Sea, FL.

City & State

33308

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-2043885

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MYATT, FRANK
259 S. TRADEWINDS AVE
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MYATT, FRANK ☐ Delete
STREET ADDRESS 259 S. TRADEWINDS AVE
CITY-ST-ZIP LAUDER. BY THE SEA FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600149769346
CITY-ST-ZIP 04/14/09--01002--030 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Frank Myatt

Frank Myatt

(954) 771-2492

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