


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90099 026 \*\*\*150.00

<b>DOCUMENT # 369160</b> 1. Entity Name <b>FIRST CALL REALTY, INC.</b>					
Principal Place of Business <b>10575 68TH AVE SUITE B-3 SEMINOLE, FL 33772 US</b>			Mailing Address <b>10575 68TH AVE N SUITE B-3 SEMINOLE, FL 33772 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1440418</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRAHAM, PATRICIA T 1 KEY CAPRI - 113W TREASURE ISLAND, FL 33706</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRAHAM, DONALD V 1 KEY CAPRI #113W TREASURE ISLAND, FL00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, PAUL C 4941 LEDGEWOOD DR COMMERCE TOWNSHIP, MI 48382	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <i>Donald V. Graham</i> <b>DONALD V. GRAHAM</b> 4/27/07 727-399-4370					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40103010



04272007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-1440418**

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

GRAHAM, PATRICIA T  
1 KEY CAPRI - 113W  
TREASURE ISLAND, FL 33706

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**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**

TITLE	NAME	Delete
NAME	GRAHAM, DONALD V	<input type="checkbox"/>
STREET ADDRESS	1 KEY CAPRI #113W	
CITY-ST-ZIP	TREASURE ISLAND, FL00000,	
TITLE	D	<input type="checkbox"/>
NAME	GRAHAM, PAUL C	
STREET ADDRESS	4941 LEDGEWOOD DR	
CITY-ST-ZIP	COMMERCE TOWNSHIP, MI 48382	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	Delete
NAME	<i>PATRICIA T. GRAHAM</i>	<input type="checkbox"/>
STREET ADDRESS	<i>1 KEY CAPRI 113W</i>	
CITY-ST-ZIP	<i>TREASURE ISLAND, FL 33706</i>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**SIGNATURE:** *Donald V. Graham* **DONALD V. GRAHAM** 4/27/07 727-399-4370

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