

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90017 043 ***150.00

DOCUMENT # 440637

1. Entity Name
GENERAL REALTY ASSOCIATES, INC.



Principal Place of Business
**2547 BELLEVUE EXT
DAYTONA BEACH, FL 32114 US**

Mailing Address
**PO BOX 731259
ORMOND BEACH, FL 32173 US**

40048732

2. Principal Place of Business - No P.O. Box #
1450 NORTH U.S. 1

Suite, Apt. #, etc.
SUITE 700

3. Mailing Address
Suite, Apt. #, etc.

01092008 Chg-P CR2E034 (12/06)

City & State
ORMOND BEACH FL

Zip
32173

Country
USA

City & State
Zip
Country

4. FEI Number
59-1507245

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$15.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSE, JAMES L
222 SEABREEZE BLVD
DAYTONA BEACH, FL 32118**

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

2.27.08

**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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP O'DWYER, BRIAN J 349 JOHN ANDERSON DR ORMOND BEACH, FL 32176 | <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 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT STEPHEN O'DWYER 359 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 any address, with all other like empowered.

SIGNATURE:

STEPHEN O'DWYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-08
Date

386-0-5991
Day