2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

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1. Entity Name

ARONOV REALTY COMPANY, INC.



Principal Place of Business 3500 EASTERN BLVD. P.O.BOX 235000 MONTGOMERY, AL 36123-2000 Mailing Address 3500 EASTERN BLVD. P.O.BOX 235000 MONTGOMERY, AL 36123-2000



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4. FEI Number
63-0319638

5. Certificate of Status Desired

4. Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florica. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and little	if applicable. (NOTE Registered	1 Agent signature	required when rematating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARONOV, OWEN 3500 EASTERN BLVD. MONTGOMERY, AL 00000,				U00000924167 05/16/08-80063-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARONOV, JAKE 3500 EASTERN BLVD. MONTGOMERY, AL 00000,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP ANTONY, JENNIFER P 3500 EASTERN BLVD MONTGOMERY, AL 36116		DO NOT WRITE				
TITLE NAME Street address City-St-Zip				IN ⁻	THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP			1 .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·		
12. Thereby o	certify that the information supplied with this fi	ling does not qualify for the exe	mptions cor	tained in Chapter 119), Florida Statutes. I further certify that the information		

12. Thereby certify that the information supplied with this limit does not qualify for the exemptions contained in chapter 119, Florida Statutes. Further certify that if mortalist indicated on this report or suppliemental 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:

NATURE AND TYPED OR FRINTED NAME OF SIGNING OF HIGH OF DIRECTOR

4-22-08

334-217-1000

Daytime Phone #