


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005749 1. Entity Name ARONOV REALTY BROKERAGE, INC.	
---	---

Principal Place of Business 3500 EASTERN BLVD. MONTGOMERY, AL 36116	Mailing Address P.O. BOX 235000 MONTGOMERY, AL 36123-5000
---	---

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1078791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVCD ARONOV, OWEN 3500 EASTERN BLVD. MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARONOV, JAKE F 3500 EASTERN BLVD. MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS AUTREY, JENNIFER P 3500 EASTERN BLVD. MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, ROBERT J JR 3500 EASTERN BLVD MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, SCOTT J 3500 EASTERN BLVD MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000529911
05/05/06-80092-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Jennifer P. Autrey Jennifer P. Autrey 4-19-06 334-277-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #