

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90303 025 ***158.75

DOCUMENT # H44646

1. Entity Name

FLORIDA FINANCIAL REALTY, INC.



Principal Place of Business

9181 85TH AVENUE NORTH
SEMINOLE FL 33777
US

Mailing Address

9181 85TH AVENUE NORTH
SEMINOLE FL 33777
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2639316

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIGNORELLI, PATRICK C.
9181 85TH AVENUE NORTH
SEMINOLE FL 33777

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, 2004 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	VD	<input type="checkbox"/> Delete
NAME	SIGNORELLI, PATRICK C.	
STREET ADDRESS	9181 85TH AVE NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SIGNORELLI, LOUISE H.	
STREET ADDRESS	9181 85TH AVE NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIGNORELLI, LOUISE H.	
STREET ADDRESS	9181 85TH AVE NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Patrick C. Signorelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-04 (727) 398-1032

Date

Daytime Phone #