

# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

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



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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 N/A N/A N/A  
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. ☐ \$5.00 May Be Added to Fees

UN0000531098  
05/06/06-80025-021 158.75

## 10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SIGNORELLI, PATRICK C.
STREET ADDRESS	9181 85TH AVE NORTH
CITY-ST-ZIP	SEMINOLE, FL
TITLE	PTD
NAME	SIGNORELLI, LOUISE H.
STREET ADDRESS	9181 85TH AVE NORTH
CITY-ST-ZIP	SEMINOLE, FL
TITLE	S
NAME	SIGNORELLI, LOUISE H.
STREET ADDRESS	9181 85TH AVE NORTH
CITY-ST-ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: PATRICK C. SIGNORELLI 4-10-06<sup>(727)</sup> 398-1032  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #