

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000068784

**1. Entity Name
APOLLO REALTY INVESTMENTS INC**



**Principal Place of Business
6115 MARBELLA BLVD
APOLLO BEACH, FL 33572**

**Mailing Address
6115 MARBELLA BLVD
APOLLO BEACH, FL 33572**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-1054770**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOYT, WILLIAM J III
6115 MARBELLA BLVD
APOLLO BEACH, FL 33572**

**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 renewing) **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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOYT, WILLIAM J III
STREET ADDRESS	6115 MARBELLA BLVD
CITY - ST - ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	HOYT, CHRISTIANE
STREET ADDRESS	6115 MARBELLA BLVD
CITY - ST - ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	CHIN, TONEY
STREET ADDRESS	19 N HIGHLAND PL
CITY - ST - ZIP	CROTON-ON-HUDSON, NY 10520
TITLE	D
NAME	CHIN, MAUREEN
STREET ADDRESS	19 N HIGHLAND PL
CITY - ST - ZIP	CROTON-ON-HUDSON, NY 10520
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**U00000545221
05/11/06-80070-001 150.00**

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06 813-645-8832
Date Daytime Phone #

for April 11, 2006 filing
CR