

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000161078

Entity Name: OPTIONS REALTY, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6401 TIME SQUARE AVE.  
A-2  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

155 OLIVE TREE CIRCLE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

6401 TIME SQUARE AVE.  
A-2  
ORLANDO, FL 32835

FEI Number: 33-1107750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLMES, JOHN V.A.  
9421 TRADEPORT DRIVE  
ORLANDO, FL 32827 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PARSONS KALSER, JULIA  
Address: 2449 CLIFFDALE ST  
City-St-Zip: OCOEE, FL 34761

Title: VP  
Name: SULLYOK, GERALD  
Address: 2460 GREAT BIRCH  
City-St-Zip: OCOEE, FL 34761

Title: ST  
Name: SULLYOK, ANITA  
Address: 2460 GREAT BIRCH  
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIA PARSONS KALSER

PD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date