


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000083670</b> 1. Entity Name HOLD REALTY, INC.	
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Principal Place of Business 301 S NEW YORK AVE STE 200 WINTER PARK, FL 32789	Mailing Address 301 S NEW YORK AVE STE 200 WINTER PARK, FL 32789
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U000000584378  
01/12/07-80035-009 150.00



01102007 No Chg-P CR2E034 (11/05)



4. FEI Number 59-3217242	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  HOLD, ROBERT P 301 S NEW YORK AVE STE 200 WINTER PARK, FL 32789
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLD, ROBERT P 301 S NEW YORK AVE STE 200 WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	



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** Date 1/10/07 Daytime Phone # \_\_\_\_\_