

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000029818

1. Entity Name
FIRST REALTY, INC.



Principal Place of Business
823 E. STRAWBRIDGE AVE.
MELBOURNE, FL 32901

Mailing Address
P.O. BOX 536
MELBOURNE, FL 32902



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567541	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GILLILAND, JOY J
823 E. STRAWBRIDGE AVE.
MELBOURNE, FL 32901

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GILLILAND, JOY J
STREET ADDRESS 823 E. STRAWBRIDGE AVE.
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE DTSP
NAME STOTTLER, RICHARD H JR
STREET ADDRESS 823 E. STRAWBRIDGE AVE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Daytime Phone #