


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90047 036 ***150.00

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| DOCUMENT # P99000048128 1. Entity Name METROPOLITAN FLORIDA REALTY, INC. |  |
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| Principal Place of Business 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714 | Mailing Address 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714 |
|--|--|

DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3582271 | 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

LOWNDES, JOHN F
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANDELL, ROBERT A 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREGG, CHARLES W 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONLEY, HAMPTON P 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SNYDER, SIMON 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANDELL, LESTER N 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/21/05 407 8690300
 Date Daytime Phone #