

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

06-10-2005 90047 036 ***150.00

DOCUMENT # P99000048128

1. Entity Name
METROPOLITAN FLORIDA REALTY, INC.



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 ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 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 D
NAME MANDELL, ROBERT A
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME GREGG, CHARLES W
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME CONLEY, HAMPTON P
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME SNYDER, SIMON
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME MANDELL, LESTER N
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #