2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED May 09, 2007 8:00 am Secretary of State

05-09-2007 90090 042 ***150.00



DO NOT WRITE IN THIS SPACE

04182007 No Chg-P

CR2E034 (11/05)

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

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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.				
SIGNATURESignature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
	and the state of t	tuare sederated Character	- mary rodained arrant lattering	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		<u> </u>
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		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, SIMON 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDELL, LESTER N 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714			
TITLE NAME STREET ADDRESS				

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 attackment with an accress, with all other like impowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NA

ED NAME OF SIGNING OFFICER OR DIRECTO

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