

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90053 013 ***150.00

DOCUMENT # S97620

1. Entity Name
FAMILY REALTY OF CENTRAL FLORIDA, INC.



Principal Place of Business
**1801 S VOLUSIA AVE
ORANGE CITY, FL 32763 US**

Mailing Address
**1801 S VOLUSIA AVE
ORANGE CITY, FL 32763 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3100711

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILL, DAVID
237 CEDARWOOD CT
DEBARY, FL 32713**

7. Name and Address of New Registered Agent

Name
David Hill

Street Address (P.O. Box Number is Not Acceptable)

1801 S Volusia Avenue

City
Orange City

FL

Zip Code
32763

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, 2006 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

**P
HILL, DAVID
237 CEDARWOOD CT
DEBARY, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
BECKMAN, MICHAEL
101 BALMORAL CT.
DEBARY, FL 32713**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
Hill, David
340 Miller Road
Orange City, FL 32763**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

1/20/06

Date

Daytime Phone #