

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021056

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: FORT MCCOY INVESTMENTS, INC.

**Current Principal Place of Business:**

11514 E. HWY 316  
P.O. BOX 188  
FORT MCCOY, FL 32134 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 188  
FORT MCCOY, FL 32134 US

**New Mailing Address:**

FEI Number: 06-1679007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREENE, C RAY III  
11514 E. HWY 316  
P.O. BOX 188  
FORT MCCOY, FL 32134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: GREENE, III, C R  
Address: 11514 E HWY 316  
City-St-Zip: FORT MCCOY, FL 32134 US

Title: PD ( ) Delete  
Name: GREENE, JACK A  
Address: 11514 E HWY. 316  
City-St-Zip: FORT MCCOY, FL 32134 US

Title: VPD ( ) Delete  
Name: GREENE, SR., WILLIAM B  
Address: 11514 E HWY. 316  
City-St-Zip: FORT MCCOY, FL 32134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. RAY GREENE, III

STD

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date