


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000060814

1. Entity Name
LOXAHATCHEE INVESTORS, INC.



Principal Place of Business Mailing Address
501 MAPLEWOOD **PO BOX 3351**
JUPITER, FL 33458 US **TEQUESTA, FL 33469 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03172008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0610022 Not Applicable

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

6. Name and Address of Current Registered Agent

RATHKE, RICHARD C
501 MAPLEWOOD DRIVE
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RATHKE, RICHARD C	
STREET ADDRESS	501 MAPLEWOOD DR.	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPITZNAGEL, WILLIAM F	
STREET ADDRESS	501 MAPLEWOOD DR.,	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GORE, H. GEARL	
STREET ADDRESS	501 MAPLEWOOD DR.	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, CRISTINA R	
STREET ADDRESS	9142 E RIDGE RD	
CITY-ST-ZIP	GOLDEN, CO 80403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000938607	
CITY-ST-ZIP	05/27/08-80093-025 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: R C Rathke Apr 28/08 561-7460980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #