

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290391

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** INVESTMENTS UNLIMITED, INC.

**Current Principal Place of Business:**

50 MIRACLE STRIP PARKWAY S.E.  
FT WALTON BEACH, FL 32549

**New Principal Place of Business:**

50 MIRACLE STRIP PARKWAY S.E.  
FT WALTON BEACH, FL 32548

**Current Mailing Address:**

50 MIRACLE STRIP PARKWAY S.E.  
P O BOX 623  
FT WALTON BEACH, FL 32549

**New Mailing Address:**

50 MIRACLE STRIP PARKWAY S.E.  
P O BOX 623  
FT WALTON BEACH, FL 32548

**FEI Number:** 59-1108655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LONG, CLIFFORD H  
50 MIRACLE STRIP PKWY, SE  
FT. WALTON BEACH, FL 32548 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: PD  
Name: LONG, CLIFFORD H  
Address: 50 MIRCLE STRIP PKWY,S.E  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: DST  
Name: RUCKEL, C. WALTER  
Address: 222 ROCKWOOD LANE  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

**SIGNATURE:** CLIFFORD H. LONG

PD

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date