

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90116 049 ***150.00



DOCUMENT # 411796

1. Entity Name

DEL MONTE INVESTMENTS, INC.

Principal Place of Business

9 MIRACLE STRIP PKWY SW
 FT. WALTON BEACH FL 32548
 US

Mailing Address

9 MIRACLE STRIP PKWY SW
 FT. WALTON BEACH FL 32548
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FE# Number

59-1428995

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

7. Name and Address of New Registered Agent

STOKES, JAMES R.
 873 MIRACLE STRIP PARKWAY
 MARY ESTHER, FL 32548

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

James R. Stokes

Signature of person named in 6. (If applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: SAXER, ROBERT J.
 STREET ADDRESS: 137 HOSPITAL DR. N.E.
 CITY-ST-ZIP: FT. WALTON BEACH FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: STD Delete
 NAME: STOKES, JAMES R.
 STREET ADDRESS: 873 MIRACLE STRIP PKWY
 CITY-ST-ZIP: MARY ESTHER FL 32548

TITLE: Change Addition
 NAME: *PRES., S, T, D*
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change 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 Section 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:

James R. Stokes

JAMES R. STOKES

4-18-08

850-664-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #