

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.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-1428995

Applied For
Not Applicable

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

Signature of person (printed name) of registered agent and (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 11

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

☒ Delete

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

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CITY-ST-ZIP

☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. STOKES

4-18-08

850-664-2220

Date

Daytime Phone #