

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90165 009 ***150.00

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1. Entity Name
FPL INVESTMENTS INC.



Principal Place of Business
700 UNIVERSE BLVD
JUNO BEACH, FL 33408 US

Mailing Address
700 UNIVERSE BLVD.
ATTN: DENNIS P. COYLE
JUNO BEACH, FL 33408 US

50024777



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1519304

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEON, J E
9250 WEST FLAGLER ST.
MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBO, JAMES L 700 UNIVERSE BLVD JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COYLE, DENNIS P 700 UNIVERSE BLVD. JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COSTANTINO, RITA W 700 UNIVERSE BLVD. JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TANCER, EDWARD F 700 UNIVERSE BLVD. JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'SULLIVAN, MICHAEL 700 UNIVERSE BOULEVARD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEIGHTON, MICHAEL L 700 UNIVERSE BLVD. JUNO BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Dennis P. Coyle

02/07/05

(561) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #