2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

1. Entity Name

FLORIDA INVESTMENT PROPERTIES, INC.



Principal Place of Business

ORLANDO, FL 32819

Mailing Address

6068 S APOPKA VINELAND RD

6068 S APOPKA VINELAND RD

STE

ORLANDO, FL 32819



DO NOT WRITE IN THIS SPACE

04162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1361482

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTOG, RONALD 6068 S APOPKA VINELAND RD STE 1 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or both.	in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if annicable (NOTE: Registered	Anant signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 h		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		<u> </u>		
TITLE NAME Street address City-St-Zip	P HARTOG, LUCIA 8804 BAY HILL BLVD ORLANDO, FL			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTOG, LUCIA 8804 BAY HILL BLVD. ORLANDO, FL				900000721812 05/02/07-80006-017 150.0	
TITLE NAME STREET ADDRESS	T HARTOG, LUCIA 8804 BAY HILL BLVD.			ו סמ	NOT WRITE	
CITY-ST-ZIP	ORLANDO FL					

IN THIS SPACE

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 supplied enter 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 receiper 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:

TITLE

NAME STREET ADDRESS

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

HATURE AND THE AT PARTED MADE OF SISTEMS OFFICER OR DIRECTOR

4-16-01

409-352-2445

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