

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 456613

1. Entity Name
FLORIDA INVESTMENT PROPERTIES, INC.



Principal Place of Business

**6068 S APOPKA VINELAND RD
STE 1
ORLANDO, FL 32819**

Mailing Address

**6068 S APOPKA VINELAND RD
STE 1
ORLANDO, FL 32819**

FILED
Mar 31, 2008 08:00 A
Secretary of State



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1361482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARTOG, LUCIA
STREET ADDRESS	8804 BAY HILL BLVD
CITY-ST-ZIP	ORLANDO, FL
TITLE	S
NAME	HARTOG, LUCIA
STREET ADDRESS	8804 BAY HILL BLVD.
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	HARTOG, LUCIA
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CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000875302
04/11/08-80028-005 150.00

**DO NOT WRITE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08
Date

401-352-2445
Daytime Phone #