2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 691562

1. Entity Name
INVESTMENT ORIENTED PROPERTIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 941482	P.O. BOX 941482
MAITLAND, FL 32794-8482	MAITLAND, FL 32794-8482

DO NOT WRITE IN THIS SPACE

01062008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2117218	Not Applicable

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

6. Name and Address of Current Registered Agent

HOBBS, WILLIAM K
2028 MOHAWK TRAIL
MAITLAND, FL 32751

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

U00000777843
01/10/08-80025-004 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	DPV	
NAME	HOBBS, WILLIAM K	
STREET ADDRESS	2028 MOHAWK TRAIL	
CITY-ST-ZIP	MAITLAND, FL	
TITLE	ST	
NAME	HOBBS, WILLIAM K	
STREET ADDRESS	2028 MOHAWK TRAIL	
CITY-ST-ZIP	MAITLAND, FL	
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Wm. K. Hobbs   _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

407 629-1972