2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F92198

1. Entity Name

CARDINAL REALTY & INVESTMENT COMPANY



FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

% JERRY P BENNETT

4281 HWY 90 PACE, FL 32571 Mailing Address

% JERRY P BENNETT 4281 HWY 90 PACE, FL 32571



| DO | NOT | WRITE | IN | THIS | SPACE |
|--|-----|--------|-------|-------|--------------|
| $\boldsymbol{\upsilon}\boldsymbol{\upsilon}$ | | 441/11 | 111.4 | 11110 | |

02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2223431

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JERRY P 4281 HWY 90 PACE, FL 32571

DO NOT WRITE IN THIS SPACE

| | | | | IN | IHIS SPACE | |
|---------------------------------------|---|--|-----------------|--------------------------------|--|----|
| . the obligat | named entity submits this statement for the plions of registered agent. | ourpose of changing its registere | d office or re | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | rt |
| SIGNATURE, | Signature, typed or printed name of registered agent and title | f applicable. (NOTE: Registered | Agent signature | required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | |
| 10. | . OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME | PST BENNETT, JERRY P | | | | | |
| STREET ADDRESS CITY-ST-ZIP | PACE, FL 32571 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BENNETT, DEBBIE 4281 HWY 90 PACE, FL 32571 | : | | | 000000839529 03/06/08-80012-019 150.00 | İ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - | in ' | THIS SPACE | |
| NAME STREET ADDRESS | | | | | | • |

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/22/08

850-994-0667

Daytime Phone #