

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # G58962 1. Entity Name 3 AND 1 PROPERTIES INCORPORATED					
Principal Place of Business % GREG LINEBURG 895 WOODLANDS DRIVE PORT ST. LUCIE FL 34952			Mailing Address % GREG LINEBURG 895 WOODLANDS DRIVE PORT ST. LUCIE FL 34952		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2336807 Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINEBURG, GREGORY 895 WOODLANDS DRIVE PORT ST. LUCIE FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 OFF. Registered Agent's signature required when submitting.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LINEBURG, GREGORY L 895 WOODLAND DR. PORT ST. LUCIE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN00000939459 05/28/08-80022-023-150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>3 AND 1 Properties, Inc.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>Gregory L. Lineburg</i> DATE 4/28/08 (772) 461-3738		