
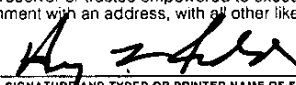


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90046 031 ***150.00

DOCUMENT # J28889 1. Entity Name HC&L REAL ESTATE INVESTMENT COMPANY, INC.					
Principal Place of Business C/O HARRY L. REDD 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301			Mailing Address C/O HARRY L. REDD 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # 2075 Centre Pointe Blvd.			3. Mailing Address same		
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc. same		
City & State Tallahassee FL			City & State Tallahassee FL		
Zip 32308		Country USA		4. FEI Number 59-2732375	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REDD, HARRY L. 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name REDD, HARRY L. Street Address (P.O. Box Number is Not Acceptable) 2075 Centre Pointe Blvd., Ste. 200 City Tallahassee FL Zip Code 32308		
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 _____ (NOTE: Registered Agent's 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REDD, HARRY L. 2648 LUCERNE DR. TALLAHASSEE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REDD, HARRY L. 2648 LUCERNE DR. TALLAHASSEE, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REDD, HARRY L. 2648 LUCERNE DR. TALLAHASSEE, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REDD, HARRY L. 2648 LUCERNE DR. TALLAHASSEE, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REDD, HARRY L. 2648 LUCERNE DR. TALLAHASSEE, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REDD, HARRY L. 2648 LUCERNE DR. TALLAHASSEE, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REDD, HARRY L. 2648 LUCERNE DR. TALLAHASSEE, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			4-22-08 850-878-6189		
Harry L. Redd			Date Daytime Phone #		