

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118775

FILED
Jan 19, 2007
Secretary of State

Entity Name: MULTIPLE COUNTY INVESTMENTS, INC.

Current Principal Place of Business:

PO BOX 4153
DELTONA, FL 32725

New Principal Place of Business:

325 NORTH DELAWARE AVE
DELAND, FL 32720

Current Mailing Address:

PO BOX 4153
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-3760918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOUGHT, JON J
310 NORTH DELAWARE
BUILDING B
DELAND, FL 32765 US

Name and Address of New Registered Agent:

ODONNELL, MICHAEL
325 NORTH DELAWARE
DELAND, FL 32720 US

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.

SIGNATURE: MICHAEL ODONNELL

01/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OFFI () Delete
Name: CLEMENTS, LATARA OFFICER
Address: PO BOX 4153
City-St-Zip: DELTONA, FL 32725

Title: OFFI () Delete
Name: ODONNELL, MICHAEL OFFICER
Address: PO BOX 4153
City-St-Zip: DELTONA, FL 32725

Title: OFF (X) Delete
Name: VOUGHT, JON OFFICER
Address: PO BOX 4153
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ODONNELL

OFFI

01/19/2007

Electronic Signature of Signing Officer or Director

Date