

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90098 012 ***150.00

DOCUMENT # **PC2000122993**

1. Entity Name **DOUBLE PLAY INVESTMENTS, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
720 WATERFALL CR

3. Mailing Address
P.O. Box 5443

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELTONA FL

City & State
DELTONA FL

4. FEI Number
54-2096587

Applied For
Not Applicable

Zip **32725** Country **FLORIDA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **THOMAS O. FARNSWORTH**

Street Address (P.O. Box Number is Not Acceptable)
720 WATERFALL CR

City **DELTONA** **FL** Zip Code **32725**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	William JAMES, President 293 South St Fern Park, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	THOMAS O. FARNSWORTH VP 720 Waterfall Cr Deltona, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JODY JAMES Secy 293 South St Fern Park, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Barbara Farnsworth TR 720 Waterfall Cr Deltona, FL 32725
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

Date

407-860-4441

Daytime Phone #