

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003505

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: DEO INVESTMENT & ASSOCIATES, CORP

## Current Principal Place of Business:

24926 US HWY 27  
LEESBURG, FL 34748 US

## New Principal Place of Business:

## Current Mailing Address:

24926 US HWY 27  
LEESBURG, FL 34748 US

## New Mailing Address:

FEI Number: 98-0390080      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CADAGAN BUSINESS SOLUTIONS & ASSOC. INC  
5440 STATE ROAD 7  
221  
FORT LAUDERDALE, FL 33319 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEO, BAL SR  
Address: 24926 US HWY 27  
City-St-Zip: LEESBURG, FL 34748 US

Title: VP ( ) Delete  
Name: DEO, LAXNI A  
Address: 24926 US HWY 27  
City-St-Zip: LEESBURG, FL 34748 US

Title: S ( ) Delete  
Name: DEO, BAL SR  
Address: 24926 US HWY 27  
City-St-Zip: LEESBURG, FL 34748 US

Title: T ( ) Delete  
Name: DEO, BAL SR  
Address: 24926 US HWY 27  
City-St-Zip: LEESBURG, FL 34748 US

Title: D ( ) Delete  
Name: DEO, BAL  
Address: 24926 US HWY 27  
City-St-Zip: LEESBURG, FL 34748 US

Title: D ( ) Delete  
Name: DEO, LAXNI A  
Address: 24926 US HWY 27  
City-St-Zip: LEESBURG, FL 34748 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: DEO, JULIA M  
Address: 24926 US HWY 27  
City-St-Zip: LEESBURG, FL 34748 US

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 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: LAXNI DEO

VP

02/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date