2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 8:00 am Secretary of State

	7,11107	<u> </u>	<u> </u>		_	DOLLO	iaiy vi	. DI	iaic	
1. Entity Nam	MENT # P030000 NVESTMENTS, INC.	67933					04 90019 033			
Principal Place of Business Mailing Address					1		E 4.0	22	010 :	
1209 E. NEW HAVEN AVENUE		1209 E. NEV	1209 E. NEW HAVEN AVENUE			54032818				
UNIT 101			UNIT 101				÷ •	-		
MELBOURNE	, FL 32901	MELBOURNE	, FL 32901		4 (25)(35) 10 9		 	 	EN 11 1916	
Principal Place of Business 3. Mailing			7000							
2. Principal Place of Business		J. Mailing Add	3. Mailing Address				! 1818 61111 1867)) LY 11114	T(I) (Ta)	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			Cha D	CD0E004 (+04	'OO)		
						Chg-P	CR2E034 (10/	U3)		
City & State		City & State	City & State		4. FEI Number	119527) / -		ied For	
7:-			Zip Coun		<u> </u>	11 1 3 2 7			Applicable	
Zip	Country	2(p	Cour	шу	5. Certificate o	f Status Desired	□ \$8.75 Fee Re		onal	
6. Name and Address of Current Registered Agent					7. Name and A	Address of New R				
				Name						
WELLBROCK, RICHARD J 1634 RUSTIC WAY			Street Address (Street Address (P.O. Box Number is Not Acceptable)						
	RNE, FL 32935		Street Addre				· /			
MILLDOOM	(14E, 1 E 02000									
				City			FL Zip	Code		
							FL			
	named entity submits this stateme ions of registered agent,	ent for the purpose of c	hanging its register	ed office or register	red agent, or both	, in the State of Flo	rida. I am familiar	with, ar	nd accept	
me ounger	iona or registered agent,									
SIGNATURE_	Signature, typed or printed name of registered	and the Handinghia	AIOTE: Pagistare	ed Agent signature required	d uton coloctation)		DATE		— İ	
	Signature, typed or printed haine or registered	аден апо пре в аррисацие.	(NOTE: negistars	so wildert signature redoner	o witer remstating)		UATE			
Eu	E NOWILL FEE IS \$150.00	9. Elect	ion Campaign Fina	ncing \$5	.00 May Be					
	ay 1, 2004 Fee will be \$5		Fund Contribution.	. 🗀 Add	ded to Fees					
10.	OFFICERS .	AND DIRECTORS	<u> </u>		ADDITIONS/0	HANGES TO OFF	ICERS AND DIREC	TORS I	N 11	
TITLE	P		Delete TITL				[] Cha		☐ Addition	
NAME	WELLBROCK, RICHARD J	_	NAM	1E				- 0-		
STREET ADDRESS	1634 RUSTIC WAY		STRI	EET ADDRESS						
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY	∕-ST-ZIP						
TITLE			Delete Ti'll	E	***		☐ Cha	ange	☐ Addition	
NAME	}		NAM	AE .						
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP			CITY	/-ST-ZIP						
TITLE			Delete TITL	E			☐ Cha	ange	☐ Addition	
NAME			~ ~ ! NAM				-	*	~~~	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				/-ST-ZIP	*					
TITLE			Delete TITL	i			☐ Cha	inge	☐ Addition	
NAME			NAM			•				
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP		- Carr				
TITLE			Delete Tin	ſ			Cha	ange	☐ Addition	
NAME			MAN							
STREET ADDRESS				eet address Y-ST-ZIP						
CITY-ST-ZIP									<u></u>	
TITLE			Delete TITL	- {			☐ Cha	ange	Addition	
NAME STREET LOCATOR			NAN OTO	ME EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1		•	r-ST-ZIP						
U111-01-78	1		■ (111	1 01 LH						

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _/

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #