

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90090 023 ***150.00

DOCUMENT # P05000094978

1. Entity Name

P & G INVESTMENT PROPERTIES, INC.



Principal Place of Business

Mailing Address

2107 NORTH WESTSHORE
AVON PARK FL 33825

2107 NORTH WESTSHORE
AVON PARK FL 33825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHOADES, CLIFFORD R
227 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870

Name **BASIL J MAKRI**

Street Address (P.O. Box Number is Not Acceptable)
2107 N West Shore Rd

City **AVON PARK**

FL

Zip Code **33825**

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

Basil J Makris

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

4-28-6

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MAKRIS, BASIL J	
STREET ADDRESS	2107 NORTH WESTSHORE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUIZ, ALBERT	
STREET ADDRESS	3908 MULLIGAN COURT EAST	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	RUIZ, JOSE	
STREET ADDRESS	3200 PHYSICIANS WAY	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TR	<input type="checkbox"/> Delete
NAME	KARABINIS, GEORGE	
STREET ADDRESS	401 MAC LANE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Basil J Makris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-6

DATE

863 452-1960

DAYTIME PHONE #