

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005763

FILED  
Sep 03, 2008  
Secretary of State

Entity Name: DAMASCUS ROAD INVESTMENTS INC.

**Current Principal Place of Business:**

400 STANLEY AVE  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

400 STANLEY AVE  
WILDWOOD, FL 34785

**New Mailing Address:**

FEI Number: 20-4119566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRICKLAND, ROBERT D  
400 STANLEY AVE  
WILDWOOD, FL 34785 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: STRICKLAND, ROBERT D  
Address: 400 STANLEY AVE  
City-St-Zip: WILDWOOD, FL 34785

Title: VP ( ) Delete  
Name: STRICKLAND, DERREL  
Address: 12019 NE 37TH DRIVE  
City-St-Zip: OXFORD, FL 34484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBERT STRICKLAND

P

09/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date