

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

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90077 022 \*\*\*150.00

**DOCUMENT #** P060000 41244

**1. Entity Name**

Hand D Realestate Investments Inc.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

462 Knightswood Dr.

Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 681041

Suite, Apt. #, etc.

**City & State**

Apopka, FL 32712

**City & State**

Orlando, FL 32868

**4. FEI Number**

20-4758594

☒ **Applied For**

☐ **Not Applicable**

**Zip**

32712

**Country**

U.S.

**Zip**

32868

**Country**

U.S.

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Arlan Hampton

**Street Address (P.O. Box Number is Not Acceptable)**

8611 Villa Point Dr. #1223

**City**

Orlando

**FL**

**Zip Code**

32810

**DO NOT WRITE  
IN THIS SPACE**

**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**

Arlan Hampton  
CEO  
8611 Villa Point Dr. 1223  
Orlando, FL 32810

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Edwinae Davis  
Vice-President  
8611 Villa Point Dr. 1223  
Orlando, FL 32810

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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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:**

*Arlan Hampton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007

Date

407-388-5586

Daytime Phone #