

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000110049

1. Entity Name
CFL INVESTMENT GROUPS, INC.



FILED
08 OCT -1 PM 3:55
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business
22203 N.W. 198TH AVE.
HIGH SPRINGS, FL 32643

Mailing Address
P.O. BOX 1206
HIGH SPRINGS, FL 32655-1206



05282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0677039

☒ 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

JACOBS-ROBINSON, CHARLENE
22133 N.W. 202ND AVENUE
HIGH SPRINGS, FL 32643

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JACOBS, CHARLES SR
STREET ADDRESS 22203 N.W. 198TH AVE.
CITY-ST-ZIP HIGH SPRINGS, FL 32643 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPTD
NAME JACOBS, LINDA
STREET ADDRESS 22203 N.W. 198TH AVE.
CITY-ST-ZIP HIGH SPRINGS, FL 32643 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME JACOBS-ROBINSON, CHARLENE
STREET ADDRESS 22133 N.W. 202ND AVE.
CITY-ST-ZIP HIGH SPRINGS, FL 32643 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JACOBS, FREDERICK
STREET ADDRESS 22203 N.W. 198TH AVE.
CITY-ST-ZIP HIGH SPRINGS, FL 32643 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JACOBS, CHARLES JR
STREET ADDRESS 22203 N.W. 198TH AVE.
CITY-ST-ZIP HIGH SPRINGS, FL 32643 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ROBINSON, RICKY D
STREET ADDRESS 22133 N.W. 202ND AVE.
CITY-ST-ZIP HIGH SPRINGS, FL 32643 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/08

Daytime Phone #

10/1/08