


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000086568</b> 1. Entity Name R & R INVESTMENT PROPERTIES, INC.	
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Principal Place of Business 1315 TUSKAWILLA ROAD SUITE 101 WINTER SPRINGS, FL 32708 US	Mailing Address 1315 TUSKAWILLA ROAD SUITE 101 WINTER SPRINGS, FL 32708 US
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3281146	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ACKER, KATHLEEN 2687 ULTRA VISTA DRIVE MAITLAND, FL 32751
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000671005 03/28/07-80011-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP ACKER, RONALD L 954 SOUTH ORLANDO AVENUE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ACKER, KATHLEEN 2687 ULTRA VISTA DRIVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP ACKER, LEE R JR. 954 SOUTH ORLANDO AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP ACKER, KEVIN K 954 SOUTH ORLANDO AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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 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 and covered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_