

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90034 010 ***150.00

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1. Entity Name
F & L INVESTMENTS, INC.



Principal Place of Business
**6617 GLENCOE DR.
TEMPLE TERRACE, FL 33617**

Mailing Address
**6617 GLENCOE DR.
TEMPLE TERRACE, FL 33617**

50007942



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3366888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALENTI, DANIA
6617 GLENCOE DR.
TAMPA, FL 33617**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME JACKSON, FRANCES
STREET ADDRESS 511 ROYAL GREENS DR
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE VP
NAME GARCIA, FRANK J
STREET ADDRESS 6610 HEATHERTON CT
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE S
NAME PINIELLA, ANITA
STREET ADDRESS 1005 TARAY DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE T
NAME VALENTI, DANIA
STREET ADDRESS 6617 GLENCOE DR
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dania Valenti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIA VALENTI

Date

Daytime Phone #

1/24/05

*813
988-6923*