2006 FOR PROFIT CURPURATION \*ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

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## **FILED** DOCUMENT # P96000048371 Jan 31, 2006 08:00 AM Secretary of State 1. Entity Name FLORIDA INVESTMENT HOLDINGS, INC. Mailing Address Principal Place of Business 15166 SHELLEY LANE P.O. BOX 306 **BALM FL 33503 BALM FL 33503** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3381715 Not Applicate Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOYNER, REGINALD T. Street Address (P.O. Box Number is Not Acceptable) 15166 SHELLEY LANE **BALM FL 33503** City 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 accerthe obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 0 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change NAME JOYNER, REGINALD T NAME U00000409367 STREET ADDRESS 15166 SHELLEY LANE STREET ADDRESS 02/08/06-80098-003 150.00 CITY-ST-ZIP BALM FL 33503 CITY-ST-ZIP Delete ☐ Add™ TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-782 CITY - ST - 71P TITLE Detete THILE Criange Atta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete TITLE TITLE Change \_ ∧... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Ares NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE Delete TITLE Change ☐ A.-. NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the informatic 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 directly of the corporation or the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block

Joyner 1/23/06 813-633-8