

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075020

Entity Name: FLOYD INVESTMENT CORP.

FILED
Feb 19, 2008
Secretary of State

Current Principal Place of Business:

C/O CDL
505 S/ FLAGLER DR #910
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

C/O CDL
505 S/ FLAGLER DR #910
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

C/O CDL
505 S/ FLAGLER DR #900
WEST PALM BEACH, FL 33401 US

New Mailing Address:

C/O CDL
505 S/ FLAGLER DR #900
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0694663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SRVS., LLC
505 S FLAGLER DR STE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLOYD, MARIA K
Address: C/O CDL 505 S/ FLAGLER DR #910
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: FLOYD, RAYMOND L
Address: C/O CDL 505 S. FLAGLER DR #910
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLOYD, MARIA K
Address: C/O CDL 505 S/ FLAGLER DR #900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change () Addition
Name: FLOYD, RAYMOND L
Address: C/O CDL 505 S. FLAGLER DR #900
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA K FLOYD

D

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date