2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000000663

1. Entity Name
INVESTMENT REALTY OF WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
900 LEMON BAY DRIVE	900 LEMON BAY DRIVE
VENICE, FL 34293	VENICE, FL 34293

40080299

DO NOT WRITE IN THIS SPACE

04202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0722735	Not Applicable

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

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6. Name and Address of Current Registered Agent

MCDERMOTT, BARBARA S
900 LEMON BAY DRIVE
VENICE, FL 34293

DO NOT WRITE
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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, 2008 Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

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10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MCDERMOTT, BARBARA S
STREET ADDRESS	900 LEMON BAY DRIVE
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Barbara McDermott_   BARBARA MCDERMOTT   4/18/08   941 492 5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #