

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90002 028 ***158.75

DOCUMENT # P99000028698					
1. Entity Name 328 INVESTMENTS INCORPORATED					
Principal Place of Business 328 STILES AVE ORANGE PARK, FL 32073			Mailing Address 7270 HANSON DR S JACKSONVILLE, FL 32210		
2. Principal Place of Business SAME		3. Mailing Address 328 STILES AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORANGE PARK		4. FEI Number 59-3569276	
Zip		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DISHER, DOUGLAS J 7270 HANSON DRIVE S JACKSONVILLE, FL 32210					
7. Name and Address of New Registered Agent Name: ROBERT J. DISHER Street Address (P.O. Box Number is Not Acceptable): 328 STILES AVE City: ORANGE PARK FL Zip Code: 32073					
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: DATE: 3/18/06					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input checked="" type="checkbox"/> Delete NAME DISHER, DOUGLAS J STREET ADDRESS 7270 HANSON DR S CITY-ST-ZIP JACKSONVILLE, FL 32210			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DISHER, ROBERT J STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 secretary 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: ROBERT DISHER 3/18/06 904 228 4992 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					