
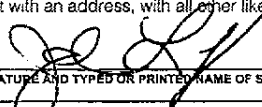


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000076104 1. Entity Name 4-PLEX INVESTMENTS, INC.		
Principal Place of Business 6460 JUSTICE AVENUE MILTON, FL 32570	Mailing Address 6460 JUSTICE AVENUE MILTON, FL 32570	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LOCKLIN, JACK JR. 6460 JUSTICE AVE MILTON, FL 32570		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOCKLIN, JACK JR 5703 SANDSTONE DR MILTON, FL 32571	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCOOL, RICHARD 5318 LAKEWOOD DRIVE MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBSTER, DOUGLAS A 5679 BERRYHILL ROAD MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIELDS, RON 6116 CURTIS RD MILTON, FL 32571	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/6/06 850 623-25 <small>Date Daytime Phone #</small>



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3598173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000380225
01/11/06-80005-018 150.00

**DO NOT WRITE
IN THIS SPACE**