2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000076104

1. Entity Name
4-PLEX INVESTMENTS, INC.

Principal Place of Business	Mailing Address
6460 JUSTICE AVENUE MILTON, FL 32570	6460 JUSTICE AVENUE MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3598173

☐ Applied For
☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000788428
01/18/08-80043-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOCKLIN, JACK JR
STREET ADDRESS	5703 SANDSTONE DR
CITY-ST-ZIP	MILTON, FL 32571
TITLE	D
NAME	MCCOOL, RICHARD
STREET ADDRESS	5318 LAKEWOOD DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	WEBSTER, DOUGLAS A
STREET ADDRESS	5679 BERRYHILL ROAD
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	FIELDS, RON
STREET ADDRESS	6116 CURTIS RD
CITY-ST-ZIP	MILTON, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 1/15/08 (850) 623-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #