

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90381 022 \*\*\*158.75

**DOCUMENT # P99000109007**

1. Entity Name

CMG REALTY INVESTMENTS, INC.



Principal Place of Business

C/O MICHAEL DOIKOS  
4053-4 SANDELEWOOD LN.  
FT. MYERS, FL 33908

Mailing Address

C/O MICHAEL DOIKOS  
4053-4 SANDELEWOOD LN.  
FT. MYERS, FL 33908

**44040579**



01202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0967708

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DOIKOS, MICHAEL  
4053-4 SANDELEWOOD LANE  
FT. MYERS, FL 33907

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PJ
NAME	DOIKOS, MICHAEL
STREET ADDRESS	4053-4 SANDELEWOOD LANE
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	ST
NAME	DOIKOS, ROSALIE
STREET ADDRESS	14440 OLD HICKORY BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	VD
NAME	George Doikos
STREET ADDRESS	14440 OLDE HICKORY BLVD
CITY-ST-ZIP	FT MYERS FL 33912
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael Doikos* 4/28/04 239-791-0010