

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000109007 1. Entity Name CMG REALTY INVESTMENTS, INC.	
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Principal Place of Business C/O MICHAEL DOIKOS 13904 BENTLEY CR FORT MYERS, FL 33912	Mailing Address C/O MICHAEL DOIKOS 13904 BENTLEY CR FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

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
13904 BENTLEY CR
FORT MYERS, FL 33912**

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 _____ (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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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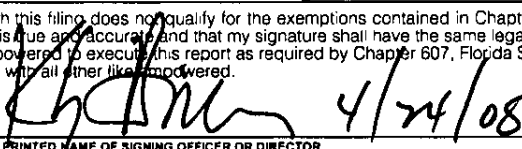
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOIKOS, MICHAEL 13904 BENTLEY CR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOIKOS, ROSALIE 14200 HICKORY MARSH LN #111 FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOIKOS, GEORGE 14200 HICKORY MARSH LN #111 FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOIKOS, KOSTAS 14200 HICKORY MARSH LN #111 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/20/08-80093-011-150.00

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:  **4/24/08**

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