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.

Principal Place of Business	Mailing Address
C/O MICHAEL DOIKOS 13904 BENTLEY CR FORT MYERS, FL 33912	C/O MICHAEL DOIKOS 13904 BENTLEY CR FORT MYERS, FL 33912

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

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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

10. OFFICERS AND DIRECTORS

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

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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 #