


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S85219 1. Entity Name 714 INVESTMENTS, INC.	
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Principal Place of Business 1340 DYER POINT RD. SW PALM CITY, FL 34990	Mailing Address 1340 DYER POINT RD. SW PALM CITY, FL 34990
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01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0303585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DITERLIZZI, MICHAEL 1340 DYER POINT RD. S.W. PALM CITY, FL 34990

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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, 2007 Fee will be \$550.00**

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

000000617921
02/08/07-80009-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DITERLIZZI, NICHOLAS
STREET ADDRESS	3584 SW ARMELLINI AVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	DITERLIZZI, ROBERT
STREET ADDRESS	664 SW WISPER BAY DR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	P
NAME	DITERLIZZI, MICHAEL
STREET ADDRESS	1340 DYER POINT RD. S.W.
CITY-ST-ZIP	PALM CITY, FL 34990
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: Michael Diterlizzi 1/25/07 772-283-9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #