

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # S85219

1. Entity Name
714 INVESTMENTS, INC.



Principal Place of Business
1340 DYER POINT RD. SW
PALM CITY, FL 34990

Mailing Address
1340 DYER POINT RD. SW
PALM CITY, FL 34990



03142008 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 ☐ \$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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
☐ Added to Fees

U000000871453
04/09/08-80131-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
DITERLIZZI, NICHOLAS
STREET ADDRESS
3584 SW ARMELLINI AVE
CITY-ST-ZIP
PALM CITY, FL 34990

TITLE
NAME
D
DITERLIZZI, ROBERT
STREET ADDRESS
664 SW WISPER BAY DR.
CITY-ST-ZIP
PALM CITY, FL 34990

TITLE
NAME
P
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-08

Date

772-283-9001

Daytime Phone #