

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85219

Entity Name: 714 INVESTMENTS, INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

1340 DYER POINT RD. SW
PALM CITY, FL 34990

New Principal Place of Business:

3584 SW ARMELLINI AVE
PALM CITY, FL 34990

Current Mailing Address:

1340 DYER POINT RD. SW
PALM CITY, FL 34990

New Mailing Address:

3584 SW ARMELLINI AVE
PALM CITY, FL 34990

FEI Number: 65-0303585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DITERLIZZI, MICHAEL
1340 DYER POINT RD. S.W.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

DITERLIZZI, MICHAEL
3584 SW ARMELLINI AVE
PALM CITY, FL 34990 US

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.

SIGNATURE: MICHAEL DITERLIZZI

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DITERLIZZI, NICHOLAS,
Address: 3584 SW ARMELLINI AVE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: DITERLIZZI, ROBERT,
Address: 664 SW WISPER BAY DR.
City-St-Zip: PALM CITY, FL 34990

Title: P () Delete
Name: DITERLIZZI, MICHAEL,
Address: 1340 DYER POINT RD. S.W.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DITERLIZZI

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date