


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90010 024 \*\*\*150.00

**DOCUMENT # 187816**

1. Entity Name  
**REOCO INC**



Principal Place of Business  
**5131 N. ANDRI DRIVE  
 CRYSTAL RIVER, FL 34428**

Mailing Address  
**5131 N. ANDRI DRIVE  
 CRYSTAL RIVER, FL 34428**

2. Principal Place of Business  
**78 HWY 40 WEST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**78 HWY 40 WEST**  
 Suite, Apt. #, etc.



01292004 Chg-P CR2E034 (10/03)

City & State  
**INGLIS FL**

City & State  
**INGLIS FL**

4. FEI Number  
**59-1145210**

Applied For  
 Not Applicable

Zip  
**34449** Country  
**USA**

Zip  
**34449** Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**OESTERLE, RALPH E  
 138 YOUNG DRIVE  
 INGLIS, FL 34449**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DT NAME OESTERLE, CLARA STREET ADDRESS 138 YOUNG DRIVE CITY-ST-ZIP INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME OESTERLE, RALPH STREET ADDRESS 138 YOUNG DRIVE CITY-ST-ZIP INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME OESTERLE, MICHAEL STREET ADDRESS 5131 N. ANDRI DRIVE CITY-ST-ZIP CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 E. Oesterle* **MICHAEL E. OESTERLE** 1/29/04 352-564-1898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #