2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000027408

1. Entity Name
REAR, INC.

Principal Place of Business
204 E. 19TH STREET
PANAMA CITY, FL 32405

Mailing Address
204 E. 19TH STREET
PANAMA CITY, FL 32405

03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3571657
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUGHES, ROBERT J ESQ
220 MCKENZIE AVE
PANAMA CITY, FL 32401

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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 _____
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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAO, PALEP N MD
STREET ADDRESS	204 E. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	V
NAME	RAO, PALEP N MD
STREET ADDRESS	204 E. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	S
NAME	REDDY, SUDHAKER C MD
STREET ADDRESS	204 E. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	T
NAME	ALIBIBI, RIYAD MD
STREET ADDRESS	204 E. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80168-009 150.00

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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: _____ 4-12-07 850-763-5409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #