

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001943

**Entity Name:** REPETE CORPORATION OF WISCONSIN**Current Principal Place of Business:**W226N6283 VILLAGE DR.  
SUSSEX, WI 53089**Current Mailing Address:**W226N6283 VILLAGE DR.  
SUSSEX, WI 53089**FEI Number: 39-1037971****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
3030 N ROCKY POINT DR STE 150A  
TAMPA, FL 33607 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SECRETARY/TREASURER
Name	FOSSETT, JAMES
Address	W226N6283 VILLAGE DR.
City-State-Zip:	SUSSEX WI 53089

Title	PRESIDENT
Name	LEVERETT, WADE E
Address	W226N6283 VILLAGE DR.
City-State-Zip:	SUSSEX WI 53089

Title	CHAIRMAN
Name	PETERSON, LORA
Address	W226N6283 VILLAGE DR
City-State-Zip:	SUSSEX WI 53089

Title	DIRECTOR
Name	PETERSON, MATTHEW
Address	W226N6283 VILLAGE DR
City-State-Zip:	SUSSEX WI 53089

*I hereby 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 all other like empowered.*

**SIGNATURE: JAMES FOSSETT****CONTROLLER****03/18/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date