
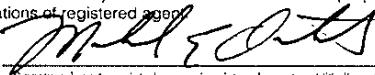
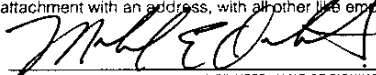


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90192 012 ***150.00

DOCUMENT # 187816 1. Entity Name REOCO INC					
Principal Place of Business 78 HWY 40 WEST INGLIS, FL 34449			Mailing Address 78 HWY 40 WEST INGLIS, FL 34449		
2. Principal Place of Business - No P.O. Box # 407 N.E. 1 Street		3. Mailing Address PO Box 640			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Crystal River, FL		City & State Crystal River FL		4. FEI Number 59-1145210	
Zip 34429		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 Michael E. Oesterle Street Address (P.O. Box Number is Not Acceptable) 5131 N. Andri Drive City Crystal River FL Zip Code 34428		
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:  Michael E. Oesterle, Pres. 1/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OESTERLE, CLARA 138 YOUNG DRIVE INGLIS, FL 34449	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OESTERLE, RALPH 138 YOUNG DRIVE INGLIS, FL 34449	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OESTERLE, MICHAEL 5131 N. ANDRI DRIVE CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  Michael E. Oesterle, Pres. 1/9/07 352-564-1898 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					