## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # 187816  1. Entity Name REOCO INC							01-11-2008 90029 025 ***150.00				
Principal Place of Business				Mailing Address			. 42 0	1000			
407 NE 1 STREET			P O BOX 640								
CRYSTAL RIVER, FL 34429				CRYSTAL RIVER, FL 34423							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #. etc.			01032008	Chg-P	CR2E0	34 (12/06)		
City & State			,	City & State			4. FEI Numb 59-114				plied For t Applicable
Zip	Country		Zip Coun		itry	5. Certificate	of Status Desire		\$8.75 Add Fee Require		
6. Name and Address of Current			Regis				7. Name and Address of New Registered Agent				
OESTEALE, MICHAEL E							ichael E. DESTERIE				
5131 N AUDAI DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
CRYSTAL RIVER, FL 34428					5131 N. ANDRI DRIVE						
4 Mari					CityConys		1 45 42	FL	Zi <u>p</u> Cod	L > 8	
<ol> <li>The above named entity submits this statement for the purpose of changing its registered of</li> </ol>							red agant, or bo	oth, in the State of		amiliar with,	and accept
the obligations of registered agent.											
SIGNATURE Signature, wheat or printed name of registered agent and still it applicable. (NOTE: Roorstead Agent signature required when to recitating)  DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5  Trust Fund Contribution.   Add										*	
10.	DT	OFFICERS AND	DIREC		11.		ADDITIONS	CHANGES TO C	OFFICERS AND		
NAME.		.E, CLARA		C Delete	E				Change	Addition	
STREET ADDRESS	!	NG DRIVE				ET ADDRESS					
CHY-S1-ZIP THILL	INGLIS, F	L 34449				-ST-ZIP				Change	□ Audubi
NAMÉ.	l - ·	.E, MICHAEL		☐ Delete	NAM					Change	Addition
STHLET ADDRESS	5131 N. ANDRI DRIVE CRYSTAL RIVER, FL 34428					ET ADDRESS					
CITY-SI-ZIP TITLE	CRYSTAL	. RIVER, FL 34428		☐ Delete	-S1-ZIP				Change	☐ Additiog	
NAML	FT Detects					E				Cristige	Addition
STREET ADDRESS CITY-ST-ZIP						CF ADDRESS -SF-ZIP					
IIILL										☐ Change	Addition
NAMI, STHELL ADDRESS	ss					EEL ADDRESS					
CITY-S1-ZIP						-ST-ZIP					
HILL						E				☐ Change	Addition
STREET ADDRESS						et address					
CHY-ST-ZIP					CITY	-\$1-ZiP					
TITLE NAME	☐ Delete II									☐ Change	Addition
STREET ADDRESS	sr					ET ADDRESS					l
CHY-ST-ZIP			to Ale': 1	due do e e e e e e e e		-ST-ZIP	dia Oha i i i	o Florida Otal		54. 41 2. 47 4	
12. Thereby 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 eath; 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 attachmen, with an address with all other like septowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date											