2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 195361

1. Entity Name
REMSCO, INC.

Principal Place of Business
1515 FLORIDA AVE.
P. O. BOX 1999
PANAMA CITY, FL 32402

Mailing Address
1515 FLORIDA AVE.
P. O. BOX 1999
PANAMA CITY, FL 32402

02102005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-0790110	Not Applicable

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

6. Name and Address of Current Registered Agent

ENNIS, POWELL
1220 DEWITT ST.
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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	ENNIS, POWELL
STREET ADDRESS	1220 DEWITT ST
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	VS
NAME	ENNIS, CHARLES
STREET ADDRESS	904 SARA DR
CITY-ST-ZIP	SHALIMAR, FL 32579

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000241032
02/24/05-80028-022 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Pres.   2-21-05   850-785-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Powell Ennis