2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 271018

1. Entity Name
REX REALTY CO.

Principal Place of Business	Mailing Address
10 W. FRANKLIN STREET QUINCY, FL 32351	10 W. FRANKLIN STREET QUINCY, FL 32351

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1008915	Not Applicable

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

6. Name and Address of Current Registered Agent

BATES, RICHARD S
12 W. FRANKLIN STREET
QUINCY, FL 32351

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IN THIS SPACE

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

U00000622551
02/13/07-80030-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BATES, RICHARD S
STREET ADDRESS	12 W. FRANKLIN ST.
CITY-ST-ZIP	QUINCY, FL 32351

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE

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.

Richard S. Bates

SIGNATURE: X _Richard S Bates_   1-24-07   850-627-9001

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