

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90127 036 ***150.00

DOCUMENT # 665933

1. Entity Name

REBCO ENTERPRISES, INC.



Principal Place of Business

605 ORANGE ST. S.
PALM HARBOR FL 34683
US

Mailing Address

P.O. BOX 2530
MUSCLE SHOALS AL 35662
US

2. Principal Place of Business
135 ORANGE ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State

Zip
34683

Country
PINELLAS

Zip

Country

4. FEI Number
59-1985412

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete
NAME WATKINS, STEVE
STREET ADDRESS 701 TENNESSEE RIVER DR
CITY-ST-ZIP MUSCLE SHOALS AL 35661

TITLE President ☐ Change ☒ Addition
NAME Verna Brennan
STREET ADDRESS 701 Tennessee River Dr.
CITY-ST-ZIP Muscle Shoals, AL 35661

TITLE P ☒ Delete
NAME MILEY, O B
STREET ADDRESS 701 TENNESSEE RIVER DR
CITY-ST-ZIP MUSCLE SHOALS AL 35661

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Verna Brennan VERNA BRENNAN

3/15/06

256-383-6940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #