

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000000378

1. Entity Name
REMINGTON VENTURES, INC.



Principal Place of Business
**P.O. BOX 19702
SARASOTA, FL 34276 US**

Mailing Address
**P.O. BOX 19702
SARASOTA, FL 34276 US**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2136452

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, MICHAEL G
4115 GREEN TREE AVE
SARASOTA, FL 34233**

**DO NOT WRITE
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**

**000000586876
01/17/07-80014-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BROWN, MICHAEL G
STREET ADDRESS	4115 GREEN TREE AVE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	STEINMETZ, CHAIM
STREET ADDRESS	7700 WILLIAMS AVENUE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DS
NAME	DOYLE, MICHAEL
STREET ADDRESS	20 MAIDSTONE ROAD BOROUGH GREEN
CITY-ST-ZIP	SEVENOAKS KENT, UK
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 941-780-1300
Date Daytime Phone #