


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000002091 1. Entity Name RESIDENTIAL EQUITY OF NEVADA CORPORATION	
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Principal Place of Business 16502 N. DALE MABRY HWY. TAMPA, FL 33618	Mailing Address 16502 N. DALE MABRY HWY. TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4227918	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SPRAGUE, PATRICK F
1904 E. BUSCH BLVD.
TAMPA, FL 33612**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CARR, LARRY 931 GUI SANDO DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC CARR, DAVID 22626 WILLOW LAKES DR. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAZZIE, LYND A 5001 PICKETT CT. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/08-80019-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Lynda C. Mazzie Lynda C. Mazzie 1-8-08 813-269-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #