


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F29311 <small>1. Entity Name</small> REB MANUFACTURING, INC.	
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<small>Principal Place of Business</small> 82655 OVERSEAS HWY ISLAMORADA, FL 33036	<small>Mailing Address</small> P.O. BOX 1578 KEY LARGO, FL 33037 US
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01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 59-2084428	<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required

<small>6. Name and Address of Current Registered Agent</small> BERRY, RICHARD E 124 SOUTH DRIVE ISLAMORADA, FL 33036

**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: _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY-STATE-ZIP</small>	ST BERRY, TRULA L 124 SO. DRIVE ISLAMORADA, FL
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY-STATE-ZIP</small>	P BERRY, RICHARD E 124 SO. DRIVE ISLAMORADA, FL
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05/10/06-80122-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Trula L. Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 (305) 852-9831
Date Daytime Phone #

TRULA L. BERRY