

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90061 034 ***150.00

DOCUMENT # F29311

1. Entity Name
REB MANUFACTURING, INC.



Principal Place of Business
~~82655 OVERSEAS HWY~~
ISLAMORADA, FL 33036

Mailing Address
~~P.O. BOX 1578~~ **P.O. BOX 404**
~~KEY LARGO, FL 33037~~ **US**
ISLAMORADA, FL 33036

plw 8151 m' p. I'
40074241



DO NOT WRITE IN THIS SPACE

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2084428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERRY, RICHARD E
124 SOUTH DRIVE
ISLAMORADA, FL 33036

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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**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BERRY, TRULA L
STREET ADDRESS	124 SO. DRIVE
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	P
NAME	BERRY, RICHARD E
STREET ADDRESS	124 SO. DRIVE
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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.

SIGNATURE: Trula L. Berry, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 (605) 664-5578
Date Daytime Phone #

TRULA L. BERRY