


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # H43564 1. Entity Name REPCO SALES, INC.	
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Principal Place of Business 140-A IMPERIAL ST. 140-B IMPERIAL STREET MERRITT ISLAND, FL 32952 US	Mailing Address 140-A IMPERIAL ST. 140-B IMPERIAL STREET MERRITT ISLAND, FL 32952 US
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04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2499601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PAULA DAVIS
140-A IMPERIAL ST.
MERRITT ISLAND, FL 32952

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DAVIS, PAULETTE 140-A IMPERIAL ST. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FARLEY, DAN 140 IMPERIAL ST MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST CABARON, TERESA L 140 IMPERIAL ST MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/04-80033-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Teresa L. Cabaron TERESA L. CABARON 4-16-04 381-453-4274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #