

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35966

Entity Name: REZCO, INC.

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

502 N.W. 6TH STREET
P.O. BOX 1719
CRYSTAL RIVER, FL 34423 US

Current Mailing Address:

502 N.W. 6TH STREET
P.O. BOX 1719
CRYSTAL RIVER, FL 34423 US

FEI Number: 59-2870895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRICK, DAVID M.
502 N. W. 6TH STREET
CRYSTAL RIVER, FL 32629 US

New Principal Place of Business:

502 N.W. 6TH STREET
P.O. BOX 1719
CRYSTAL RIVER, FL 34428 US

New Mailing Address:

P O BOX 1719
CRYSTAL RIVER, FL 34423 US

Name and Address of New Registered Agent:

GARRICK, DAVID M MR
420 MILLER CREEK
CRYSTAL RIVER, FL 34428 US

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.

SIGNATURE: DAVID M. GARRICK

01/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GARRICK, DAVID M.,
Address: 502 NW 6TH STREET
City-St-Zip: CRYSTAL RIVER, FL

Title: VPD () Delete
Name: GARRICK, JOSEPH D
Address: 420 6TH ST
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GARRICK, DAVID M MR
Address: P O BOX 420
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. GARRICK

P/D

01/06/2007

Electronic Signature of Signing Officer or Director

Date