


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # J40408 1. Entity Name REVEST II, INC.	
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Principal Place of Business 111 SOUTH MAITLAND AVENUE SUITE 100 MAITLAND, FL 32751	Mailing Address 111 SOUTH MAITLAND AVENUE SUITE 100 MAITLAND, FL 32751
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2758077	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

PANICO, JAMES P.
111 SOUTH MAITLAND AVENUE
MAITLAND, FL 32751

**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, 2005 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	PD PANICO, JAMES P. 111 SOUTH MAITLAND AVE. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HAMPTON, FREDERICK T. 111 SOUTH MAITLAND AVE. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GIBBS, MARSHALL A. 111 SOUTH MAITLAND AVE. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/28/05-80123-023 150.00

**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 19.07(3)(f), 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: James P. Panico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 407-647-7200
Date Daytime Phone #