## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 15, 2008 8:00 am Secretary of State 04-15-2008 90021 026 \*\*\*150.00

Principal Place of Business  111 SQUTH MATLAND A VENUE  311 SQUTH MATLAND A VENUE  322 Country  329 Country  320 Country  320 Country  320 Country  320 Country  320 Country  320 Country  327 Country  320	DOCUMENT # J40408  1. Entity Name REVEST II, INC.						04-15-2008	90021 02	?6 ***15 <sup>,</sup>	0.00	
SUITE 100 MAILTAIND, FL 32751  2. Principal Pisco of Business - No P.O. Box # 3. Mailing Address   Sulfe, Apr. 4, etc.   Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   City & State  City & Stat	Principal Place of Business Mailing Address					6002	3075				
Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Q325208   Chg.P   CR2E034 (12/05)	SUITE 100 SUITE 100					TI SEIN SIEN ETIEN (DI	1161) 1(8))				
City & State   City & State   City & State   City & State   Sp-2758077	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
20	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252008	Chg-P	CR2E03	4 (12/06)		
8. Name and Address of Current Registered Agent	City & State		City & State				077		Not	Applicable	
PANICO, JAMES P.  111 SOUTH MATILAND AVEAUUE  MATILAND, FL 32751    City   FL   Zip Code	Zip	Country	Zip Coun		try	5. Certificate o	Status Desired				
PANICO, JAMES P.  111 SOUTH MATILAND AVEUUE  MATILAND, FL 32751  City FL Zip Code  6. The above named writh submits the statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, problems of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, problems of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, problems of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am		6. Name and Address of Current Registered Agent				7. Name and A	ddress of New R	egistered A	gent		
Street Accrees (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	PANICO. J	IAMES P.			INGING						
B. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature hose or printed ramp & rightered agent and bitle if applicable. (HOTE-Registered Agent signature required when refusating)  OATE  FILE NOWILL FEE 13 \$150.00  After May 1, 2008 Fee with the \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  INITE  PANICO, JAMES P.  STRET ADDRESS  CITY-ST-2P  INITE  WAME  STRET ADDRESS  CITY-ST-2P  INITE  STD  OBelde  INITE  STD  OBelde  INITE  STD  OBelde  INITE  STRET ADDRESS  CITY-ST-2P  INITE  STRET ADDRESS  CITY-ST-2P  INITE  STRET ADDRESS  CITY-ST-2P  INITE  STRET ADDRESS  CITY-ST-2P  INITE  OBelde  INITE  STRET ADDRESS  CITY-ST-2P  INITE  OBelde  INITE  STRET ADDRESS  CITY-ST-2P  INITE  OBelde  INITE  STRET ADDRESS  CITY-ST-2P  INITE  OBERS  STRET ADDRESS  CITY-ST-2P  INITE  STRET ADDRESS  CITY-ST-2P  INIT	111 SOUTH MAITLAND AVENUE			Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE					City	Et Zip Code					
THE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee with 56:550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS  11. SOUTH MAITLAND AVE.  CITY-ST-2P  TITLE  STEET ADDRESS  CITY-ST-2P  TITLE  STO GIBBS, MARSHALL A.  STREET ADDRESS  CITY-ST-2P  TITLE	8. The above	named entity submits this statement to	ed office or registe	red agent or both	in the State of Eld		 miliar with	and accept			
SIGNATURE    Speakure, those of curried name of inspirators agent and tide of apphabable. (NOTE: Registered Agent signature required when restriating)   DATE	the obligations of registered agentary										
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee with the \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME PANICO, JAMES P. PANICO, JAMES JAMES P. PANICO, JAMES	SIGNATURE										
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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 of the corporation or the receives 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:

407-647-72 03

Daytome Phone #