

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90002 041 ***150.00

DOCUMENT # K39599 1. Entity Name R.E.P., INC.			
Principal Place of Business 620 NORTH ISLAND DR. GOLDEN BEACH, FL 33160 US		Mailing Address 2031 NE 179 ST N. MIAMI BEACH, FL 33162 US	
2. Principal Place of Business 2631 Monroe St Suite, Apt. #, etc.		3. Mailing Address 2631 Monroe St Suite, Apt. #, etc.	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33020		Zip 33020	
Country US		Country US	
4. FEI Number 65-0079368		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSCOE, DOUGLAS 2031 NE 179 ST N. MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name ROSCOE, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 2631 Monroe St City Hollywood FL Zip Code 33020	
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 <u><i>QC</i></u> President 6-2-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <small>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</small>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSCOE, BETH N. 620 N ISLAND DR GOLDEN BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DOUGLAS A ROSCOE 2031 NE 179 ST N.MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLAS A. ROSCOE 2631 Monroe St. Hollywood FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>DOUGLAS A. ROSCOE</u> P <u><i>QC</i></u>		Date <u>6-2-05</u> Daytime Phone # <u>305-490-4476</u>	

ATTACHMENT
40087060
#K39599

DEAR SIR OR MAM

I ATTEMPTED TO DO THIS ELECTRONICALLY, OVER THE INTERNET BUT FAILED FOR SOME UNKNOWN REASON.

ENCLOSED IS MY ELECTRONIC ATTEMPT, I'D MIGHT THAT WILL HELP YOU MAKE THIS FORM MORE USER FRIENDLY.

I RESET IT TWICE & STILL WAS UNSUCCESSFUL! THE "REJECTION" SAID THAT I COULD NOT HAVE THE SAME NAME FOR CORPORATE AND PERSONAL. I HAVE NO IDEA WHAT I KEPT DOING WRONG, BUT WAS TOLD TO MAIL THE FORM

P.S. I NEVER DID
RECEIVE NOTICE TO
REVIEW

THANKS
DOUGLAS A. ROSCOE

40087060

Division of Corporations



Annual Report

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Business Entity Name

R.E.P., INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

650079368

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

2631 Monroe St.

Suite, Apt. #, etc.

City, State

Hollywood

FL

Zip Code & Country

33020

US

Mailing Address

Address

2631 Monroe St

Suite, Apt. #, etc.

City, State

Hollywood

FL

Zip Code & Country

33020

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Roscoe

Douglas

A

-or- RA Business Name

Address (PO Box is not acceptable)

2631 Monroe St

Suite, Apt. #, etc.

City, State

Hollywood

FL

Zip Code & Country

33020

US

If there is a change in registered agent, the new agent will need to type their name

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in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Douglas A. Roscoe

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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Title
Name (Last, First, Middle, Title) , , ,
-or- Entity Name
Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , , ,
-or- Entity Name
Street Address
City, State ,
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title pres
Officer/Director Signature Douglas A. Roscoe

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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