

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2004 08:00 AM  
Secretary of State

DOCUMENT # K70741

1. Entity Name

R.E.W. SERVICES, INC.



Principal Place of Business

2420 FORSYTH RD  
ORLANDO FL 32807  
US

Mailing Address

2420 FORSYTH RD  
ORLANDO FL 32807  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3467000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KING, STAN  
2420 FORSYTH RD  
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME KING, STAN  
STREET ADDRESS 480 E. CHAPMAN RD  
CITY-ST-ZIP OVIEDO FL 32765

TITLE VP ☐ Delete  
NAME GUTHRIE, KEN  
STREET ADDRESS 813 SNOW QUEEN DR  
CITY-ST-ZIP CHULUOTA FL 32766

TITLE S ☐ Delete  
NAME BERNIER, GERALD  
STREET ADDRESS 1932 VIKING AVE  
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000022094  
CITY-ST-ZIP 01/30/04-80032-001 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth G. Guthrie - 26 - 04 407-677-1155