

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90394 010 ***150.00

DOCUMENT # L25288

1. Entity Name
REP SERVICES, INC.



Principal Place of Business
902 WATERWAY PLACE
LONGWOOD, FL 32750 US

Mailing Address
902 WATERWAY PLACE
LONGWOOD, FL 32750 US

24000011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2978507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOONOVER, LINDA D. PA
390 STATE ROAD 434 W.
STE 200
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

J T Almon II

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

305 Allison Ave

City

Longwood

FL

Zip Code

32701

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.

J.T. Almon II, President

(NOTE: Registered Agent signature required when reinstalling)

DATE

x 3-22-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
PTD
ALMON, J T II
305 ALLISON AVE
LONGWOOD, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ALMON, LEDONNA H
305 ALLISON AVE
LONGWOOD, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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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: X

J T Almon II, Pres.

J T Almon II, Pres.

x 3-22-04

407-831-9658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #