

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90001 018 ***558.75

DOCUMENT # L62756

1. Entity Name

THE REMCO GROUP, INC.



Principal Place of Business

404 S.E. 28TH TERR
CAPE CORAL FL 33904
US

Mailing Address

PO BOX 901
CAPE CORAL FL 33910
US

2. Principal Place of Business

2380 SUE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2380 SUE DRIVE

Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

65-0193306

Applied For

Not Applicable

Zip

Country

34741

USA

Zip

Country

34741

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUECKER, JAMES F.
404 S.E. 28TH TERR
CAPE CORAL FL 33904

Name

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

2380 SUE DRIVE

City

KISSIMMEE

FL

Zip Code

34741

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
LUECKER, JAMES F.
404 S.E. 28TH TERR
CAPE CORAL FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2380 SUE DRIVE
KISSIMMEE FL 34741 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/04 407 847 3399
Date Daytime Phone #