## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2004 08:00 AM Secretary of State

Daytime Phone #

1. Entity Nam	DOCUMENT # L78892  1. Entity Name REOLMO, INC.			Secretary of State			
4608 RAMS0		Mailing Address 4608 RAMSGATE DR. TALLAHASSEE, FL 32308					
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Г	O NOT WRITE I	CF	03012004	No Chg-P	CR2E034 (10/03)		
				4. FEI Numb 59-301		Applied For Not Applicable	
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent							
ORAVETZ, RANDAL E 4608 RAMSGATE DR TALLAHASSEE, FL 32308			DO NOT WRITE IN THIS SPACE				
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, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE  U00000075491							
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be ided to Fees	03/03/04-8	3006ĭ-024 150.00	
TITLE	OFFICERS AND DIR	ECTORS					
NAME STREET ADDRESS	ORAVETZ, RANDY 4608 RAMSGATE DR.						
CITY-ST-ZIP	TALLAHASSEE, FL 32308	<u> </u>					
TITLE NAME	AD ORAVETZ, LINDA						
STREET ADDRESS	4608 RAMSGATE DR.						
CITY-ST-ZIP	TALLAHASSEE, FL 32308		4				
NAME							
STREET ADDRESS CITY-ST-ZIP			l	DO	NOT W	RITE	
TITLE				in.	THIS SF	PACE	
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP TITLE			1	•			
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)(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 altraghment with an address, with all other like empowered.							

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR