


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N06254	
1. Entity Name RESEARCH AND ENGINEERING ORGANIZATION FOR SPOUSES, INC.	

Principal Place of Business 6500 BEAR LAKE CIRCLE C/O ROBERTA GREEN APOPKA, FL 32703 US	Mailing Address 6500 BEAR LAKE CIRCLE C/O ROBERTA GREEN APOPKA, FL 32703 US
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04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2396067	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 GREEN, ROBERTA 6500 BEAR LAKE CIRCLE APOPKA, FL 32703

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	TD SANDBERG, ELSIE 4523 PAGEANT WAY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, ROBERTA 6500 BEAR LAKE CIRCLE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREMER, AURELIA 3914 SCAR BOROUGH CT. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DREXLER, CLARICE 4915 CALLE DE SOL ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN00000320599

04/21/05-80042-021 61.25

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 617, 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 Elsie J. Sandberg Elsie J. Sandberg 4-18-05 407-293-4826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #