

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90339 004 ***158.75

DOCUMENT # P00000025408

1. Entity Name
REACOM, INC.



Principal Place of Business
**1350 E. NEWPORT CENTER DR., SUITE 206
DEERFIELD BEACH, FL 33442**

Mailing Address
**1350 E. NEWPORT CENTER DR., SUITE 206
DEERFIELD BEACH, FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0999521

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAMES, KAY R
KAY LAW OFFICES
11505 FIARCHILD GARDENS AVE. SUITE 203
PALM BEACH GARDENS, FL 33401**

7. Name and Address of New Registered Agent

Name
JAMES R. KAY, ESQ.

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

KAY LAW OFFICES

700 VILLAGE SQUARE CROSSING, STE 102B

City

PALM BEACH GARDENS,

FL

Zip Code

33410

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**

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

D ☐ Delete
REIBLING, LORENZ
1350 E. NEWPORT CENTER DR., SUITE 206
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
REIBLING, GUENTHER
1350 E. NEWPORT CENTER DR., SUITE 206
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
KASSOF, LINDA
1350 E. NEWPORT CENTER DR., STE. 206
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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

LINDA G. KASSOF

04/27/2004

Date

(954) 428-4585

Daytime Phone #