


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90086 042 ***150.00

DOCUMENT # P00000089223 1. Entity Name REKAL COMPANY	
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Principal Place of Business 1652 RANCH ROAD NOKOMIS, FL 34275	Mailing Address 1652 RANCH ROAD NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE

40009733



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1058245	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 LAKER, KATHLEEN A 1652 RANCH ROAD NOKOMIS, FL 34275

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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: <u>Kathleen LAKER</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>Feb 2, 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAKER, KATHLEEN A 1652 RANCH ROAD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAKER, JERRY D 1652 RANCH ROAD NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kathleen Laker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Feb 2, 2007</u> <small>Date</small>	<u>941-488-7909</u> <small>Daytime Phone #</small>
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