

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90135 047 \*\*\*150.00

**DOCUMENT # P00000113578**

1. Entity Name  
REO PARTNERS, INC.



Principal Place of Business  
2200 N. FEDERAL HIGHWAY #203  
BOCA RATON, FL 33431

Mailing Address  
2200 N. FEDERAL HIGHWAY #203  
BOCA RATON, FL 33431



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1063133

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MILLER, JOHN P  
2499 GLADES RD SUITE 305A  
BOCA RATON, FL 33431

**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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GEISEN, BRADFORD R <i>REMOVED</i>
STREET ADDRESS	2200 N. FEDERAL HIGHWAY #203
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VD & Director
NAME	MUTTILLO, DOMINIC A
STREET ADDRESS	2200 N. FEDERAL HIGHWAY #203
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	STD
NAME	SULLIVAN, GREGORY M <i>PRESIDENT</i>
STREET ADDRESS	2200 N. FEDERAL HIGHWAY #203
CITY-ST-ZIP	BOCA RATON, FL 33431 <i>SEC TREAS DIRECTOR</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*DOMINIC MUTTILLO VP 4/5/05 561-378-1890*