

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000021376

1. Entity Name
REHAMCO, INC.



Principal Place of Business

**4418 S E 12TH PLACE
CAPE CORAL, FL 33904**

Mailing Address

**4418 S E 12TH PLACE
CAPE CORAL, FL 33904**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1082164

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LARROW, PAUL L
3501 DEL PRADO BLVD.
312
CAPE CORAL, FL 33904**

**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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**1000000641639
03/01/07-80008-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAHER, WILLIAM
4418 S E 12TH PLACE
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MAHER, ROGENE
4418 S E 12TH PLACE
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LARROW, PAUL
3501 312 DEL PRADO BLVD
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

William Maher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19 2007 239 332 550g

Date

Daytime Phone #