

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000089751

1. Entity Name
REAL ESTATE INVESTMENTS & EXCHANGE, INC.



Principal Place of Business
11968 NORTH FLORIDA AVE
TAMPA, FL 33612-5222

Mailing Address
11968 NORTH FLORIDA AVE
TAMPA, FL 33612-5222

FILED

2007 APR 25 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3746398

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROXTON, JAMES W
11968 NORTH FLORIDA AVE
TAMPA, FL 33612-5222

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

JOSEPH D. GERLANDO 4/4/07

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GERLANDO, JOSEPH D
STREET ADDRESS 11968 NORTH FLORIDA AVE
CITY-ST-ZIP TAMPA, FL 336125222

TITLE D
NAME BROXTON, JAMES W
STREET ADDRESS 11968 NORTH FLORIDA AVE
CITY-ST-ZIP TAMPA, FL 336125222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH D. GERLANDO 4/4/07 813-961-8715