

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90047 038 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000097527

1. Entity Name
RESCH REALTY, INC.



Principal Place of Business
2365 SEAFORD DRIVE
WELLINGTON, FL 33414

Mailing Address
2365 SEAFORD DRIVE
WELLINGTON, FL 33414

60010837



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15675 LINDBERGH LANE
WELLINGTON, FL 33414

15675 LINDBERGH LANE
WELLINGTON, FL 33414

01252006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-1141982

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESCH, MARYANN
2365 SEAFORD DRIVE
WELLINGTON, FL 33414

Name

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

15675 LINDBERGH LANE
WELLINGTON, FL 33414

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RESCH, MARYANN
STREET ADDRESS 2365 SEAFORD DRIVE
CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Delete

TITLE ge ☐ Addition
NAME
STREET ADDRESS 15675 LINDBERGH LANE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE PD
NAME RESCH, JOHN C
STREET ADDRESS 2365 SEAFORD DR
CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15675 LINDBERGH LANE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

1/29/06 561-333-2925