

FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

Question 850-245-6059

Amended 2006 AR

DOCUMENT # P02000044135

1. Entity Name

R.E.O. Aquisitions, Inc.



06 AUG -1 AM 10:46

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1545 NE 123RD STREET

Suite, Apt. #, etc.

3. Mailing Address

1623 SWALLOW DR

Suite, Apt. #, etc.

N/A

City & State

N. Miami, FL

City & State

EL CAJON, CA

4. FEI Number

550870208

Applied For

Not Applicable

Zip

33161

Country

DADE

Zip

92020

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARKS B. HENDERSON

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

1545 NE 123RD STREET

City

N. Miami

FL

Zip Code

33161

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

Mark B. Henderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/24/07

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Herschel L. Reinhold

1623 SWALLOW DR.

EL CAJON, CA 92020

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MARKS B. HENDERSON

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DIRECTOR
HERSCHEL L. REINHOLD

1623 SWALLOW DR.

EL CAJON, CA 92020

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Herschel L. Reinhold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/06 619-258-2534

Date

Daytime Phone #