


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000081325		
1. Entity Name REIKO, INC.		
Principal Place of Business 950 MOODY RD #138 N FT MYERS, FL 33903	Mailing Address 950 MOODY RD #138 N FT MYERS, FL 33903	



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2370828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATLAND, RUDOLPH K
12995 S CLEVELAND AVE S107
FORT MYERS, FL 33907**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000787592
01/18/08-800006-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BOREIKO, JOE
STREET ADDRESS	950 MOODY RD #138
CITY-ST-ZIP	N FT MYERS, FL 33903

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

239-995-6302
Daytime Phone #