2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079637

Name:

Address: City-St-Zip: SCHWARTZ, MARTIN J

JACKSONVILLE, FL 32259

168 ST. JOHNS FORREST BLVD

FILED Jan 28, 2007 Secretary of State

Entity Name: REVERE SUPPLY CO., INC. **Current Principal Place of Business: New Principal Place of Business:** 5323 HIGHWAY AVENUE JACKSONVILLE, FL 32254 **Current Mailing Address: New Mailing Address:** 5323 HIGHWAY AVENUE JACKSONVILLE, FL 32254 FEI Number: 13-5546942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAUFMANN, HOWARD W KAUFMANN, HOWARD W C.E.O. 704 E. DORCHESTER DR 704 E. DORCHESTER DR US JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259 US 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. SIGNATURE: HOWARD W. KAUFMANN 01/28/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition KAUFMANN, HOWARD W Name: Name: 704 E. DORCHESTER DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: ANDREW, KAUFMANN C Name: ANDREW, KAUFMANN C 11695 KINGS MOUNTAIN WAY 11695 KINGS MOUNTAIN WAY Address: Address: JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip: () Delete Title: Title: SEC () Change () Addition KAUFMANN, BEVERLY K Name: Name: 704 E. DORCHESTER DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition TOROK, DENNIS Name: Name: Address: 3735 SATIN LEAF CT Address: City-St-Zip: DELARY BEACH, FL 33445 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HOWARD W. KAUFMANN CEO 01/28/2007