

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P04000034227

1. Entity Name
REPCO DEVELOPMENT, INC.



Principal Place of Business
**800 W CYPRESS CREEK RD, STE 465
WACHOVIA BANK BUILDING
FT LAUDERDALE, FL 33309**

Mailing Address
**800 W CYPRESS CREEK RD, STE 465
WACHOVIA BANK BUILDING
FT LAUDERDALE, FL 33309**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2683768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEGEL, LARRY
800 W CYPRESS CREEK RD, STE 470
WACHOVIA BANK BUILDING
FT LAUDERDALE, FL 33309**

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

**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

**U000000758949
05/24/07-80023-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	ASAT
NAME	LEGEL, LARRY
STREET ADDRESS	800 W CYPRESS CREEK RD STE 470
CITY-ST-ZIP	FT LAUDERDALE, FL 33309

TITLE	DPST
NAME	REYNARDT, JEROME
STREET ADDRESS	PO BOX 1059
CITY-ST-ZIP	ALVA, FL 33920

TITLE	D
NAME	STERLACCI, JOSEPH M
STREET ADDRESS	14130 DUKE WAY
CITY-ST-ZIP	ALVA, FL 33920

TITLE	D
NAME	HOPKINS, WILLIAM F JR
STREET ADDRESS	1250 GALLEON DR., #104
CITY-ST-ZIP	NAPLES, FL 33939

TITLE	
NAME	
STREET ADDRESS	
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: Larry Legel LARRY LEGEL AS 5-1-7 954 493 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #