

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-18-2005 90026 016 ***150.00

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66020913



05162005 Chg-P CR2E034 (10/03)

4. FEI Number **42 1628433** Applied For Not Applicable

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

DOCUMENT # P04000047805
1. Entity Name
FLORIDA - REO INCORPORATED



Principal Place of Business
**9050 PINES BLVD, STE 355
PEMBROKE PINES, FL 33024**

Mailing Address
**9050 PINES BLVD, STE 355
PEMBROKE PINES, FL 33024**

2. Principal Place of Business
9050 PINES BLVD
Suite, Apt. #, etc.
100

3. Mailing Address
9050 Pines Blvd
Suite, Apt. #, etc.
100

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

Zip
33024 Country
USA

Zip
33024 Country
USA

6. Name and Address of Current Registered Agent
**BILLINGS, GIRVAN C
9050 PINES BLVD, STE 355 100
PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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]* DATE **5/16/05**
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 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOSTER, JOSEPH 9050 PINES BLVD, STE 355 100 PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BILLINGS, JUNELLE 9050 PINES BLVD, STE 355 100 PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* DATE **5/16/05** DAYTIME PHONE # **974 437 1002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR