2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000163558

1. Entity Name
REWATT, INC.

Principal Place of Business	Mailing Address
8270-201 COLLEGE PKWY FT MYERS, FL 33919	8270-201 COLLEGE PKWY FT MYERS, FL 33919

01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1951211
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESKIN, HAROLD S
1420 SE 47TH ST
CAPE CORAL, FL 33904

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

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

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	RUBENSTEIN, MICHAEL R
STREET ADDRESS	8270-201 COLLEGE PKWY
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	DS
NAME	WROTEN, MELVINL
STREET ADDRESS	2870 201 COLLEGE PKWY
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	D
NAME	TERZAGIAN, SAMUEL
STREET ADDRESS	8270-201 COLLEGE PKWY
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	P
NAME	HEATH, RICHARD C
STREET ADDRESS	8270-201 COLLEGE PKWY
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/07-80053-005 150.00

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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: Michael R. Rubenstein MICHAEL RUBENSTEIN 1/17/07 239-489-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #