

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000171520

1. Entity Name
RE-ENTRY CONSULTANTS GROUP, INC.



Principal Place of Business
50 N.E. 35TH STREET
OCALA, FL 34479

Mailing Address
P.O. BOX 819
OCALA, FL 34478-0819



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2771223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DECASTRO, BERNIE
50 N.E. 35TH STREET
OCALA, FL 34479

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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)

J. DATE

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

U000000947856
05/02/08-80031-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDWARDS, STEVE
STREET ADDRESS	85 S.W. 52ND AVENUE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VD
NAME	CURINGTON, DAN
STREET ADDRESS	2652 N.E. 24TH STREET
CITY-ST-ZIP	OCALA, FL 34470
TITLE	STD
NAME	BOOTH, AL
STREET ADDRESS	3021 S.W. 27TH AVENUE UNIT 2
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Bernie De Castro

4/29/08

Date

352-351-1280

Daytime Phone #