

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90004 011 ***550.00

DOCUMENT # P05000056640

1. Entity Name
REVEAL PRODUCTS OF FLORIDA, INC.



Principal Place of Business
**3600 S ORANGE AVE
SUITE B
ORLANDO, FL 32809**

Mailing Address
**P.O. BOX 592922
ORLANDO, FL 32859**

40132333

2. Principal Place of Business - No P.O. Box #
3038 N. John Young Parkway
Suite, Apt. #, etc.
Suite 25
City & State
Orlando FL
Zip
32804 Country
USA

3. Mailing Address
3038 N. John Young Parkway
Suite, Apt. #, etc.
Suite 25
City & State
Orlando FL
Zip
32804 Country
USA



08162007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2659660

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SMITH, II, ROBERT
1422 ROLLING GREEN DR
APOPKA, FL 32703**

7. Name and Address of New Registered Agent
Name
Smith, II, Robert
Street Address (P.O. Box Number is Not Acceptable)
3038 N. John Young Parkway
Suite 25
City
Orlando FL Zip Code
32804

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT A 1422 ROLLING GREEN DR APOPKA, FL 32703 <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	D SMITH, ROBERT A II 1422 ROLLING GREEN DR APOPKA, FL 32703 <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 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 officers or directors.

SIGNATURE: **Robert Alan Smith II** 9/13/07 321-299-7475
Date Daytime Phone #