## **2008 FOR PROFIT CORPORATION**

SIGNATURE

## Apr 16, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-16-2008 90035 022 \*\*\*150.00 **DOCUMENT # P05000056640** REVÉAL PRODUCTS OF FLORIDA, INC. Principal Place of Business Mailing Address 60024809 3038 N JOHN YOUNG PKWY 3038 N JOHN YOUNG PKWY SUITE 25 SUITE 25 ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 CB2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-2659660 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 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 ORLANDO, FL 32804 City 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE Smith , Robert A SMITH, ROBERT-A NAME 3038 N. John Young Perkway Swite 25 NAME 1422 ROLLING GREEN DR STREET ADDRESS STREET ADORESS CITY - ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP Drkndo, F1 32804 Delete TITLE Change ☐ Addition TITLE Sa. th. Rubut A. II SMITH, ROBERT A II NAME NAME 2038 A. John Young Parkuray Surte 25 Delando, se 32804 1422 ROLLING GREEN DR STREET ADDRESS STREET ADDRESS APOPKA, FL 32703 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**