

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000073112

1. Entity Name
3D REMARKETING INC.



Principal Place of Business
4960 LAKELAND COMMERCE PARKWAY
UNIT(S) 4-5
LAKELAND, FL 33805

Mailing Address
4960 LAKELAND COMMERCE PARKWAY, UNIT 4-5
UNIT(S) 4-5
LAKELAND, FL 33805



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2841132

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELLER, TERRANCE
1348 LAUREL GLEN DRIVE
BARTOW, FL 33830

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP | PTD ELLER, MICHAEL T 1348 LAUREL GLEN DRIVE BARTOW, FL 33830 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ELLER, CONNIE 9639 41ST STREET NORTH PINELLAS PARK, FL 33782 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOC ELLER, CYNDI 1348 LAUREL GLEN DRIVE BARTOW, FL 33830 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COOD BURI, BERT W 2020 CREEK STONE CROSSING CHRISTIANA, TN 37037 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/23/07-80047-010 158.75

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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

4/30/07

Date

863-665-1911

Daytime Phone #