

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jun 15, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90036 006 \*\*\*150.00

5/1

**DOCUMENT # P06000030912**

1. Entity Name  
**REKRAB INC.**



Principal Place of Business      Mailing Address

~~227 SW 21ST ST~~      227 SW 21ST ST  
**CAPE CORAL, FL 33991**      **CAPE CORAL, FL 33991**

**66019187**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**140 SW 57TH ST**      **P.O. DRAWER 159**  
 - Suite, Apt. #, etc.      Suite, Apt. #, etc.

04262007      Chg-P      CR2E034 (12/06)

City & State      City & State

**CAPE CORAL, FL**      **FORT MYERS FL**

Zip      Country      Zip      Country

**33914-7135**      **USA**      **33902**      **USA**

4. FEI Number      Applied For

**16-1751772**      Not Applicable

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

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6. Name and Address of Current Registered Agent

**BARKER, RICHARD SCOTT**  
**227 SW 21ST ST**  
**CAPE CORAL, FL 33991**

7. Name and Address of New Registered Agent

Name

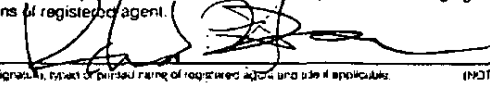
Street Address (P.O. Box Number is Not Acceptable)

**140 SW 57TH ST**

City      State      Zip Code

**CAPE CORAL**      **FL**      **33914-7135**

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:       DATE: **4/24/07**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when transferring)

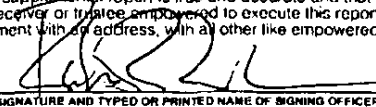
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contributions.      \$5.00 May Be Added to Fees

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKER, RICHARD SCOTT</b>	NAME	
STREET ADDRESS	<b>227 SW 21ST ST</b>	STREET ADDRESS	<b>140 SW 57TH ST</b>
CITY - ST - ZIP	<b>CAPE CORAL, FL 33991</b>	CITY - ST - ZIP	<b>CAPE CORAL, FL 33914-7135</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:       DATE: **4/24/07**      **2399946666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Business Phone #)