2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000074856 02-01-2007 90027 017 ***150.00 REULBACH ENTERPRISES, INC. 40008060 Principal Place of Business Mailing Address 610 BROOKFIELD TERRACE 610 BROOKFIELD TERRACE DELAND, FL 32724 DELAND, FL 32724 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REULBACH, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 610 BROOKFIELD TERRACE DELAND, FL 32724 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. Lam lamiliar with, and accept the obligations of registered agent 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THLE ☐ Delete TITLE ☐ Change ☐ Addition REULBACH, ANTHONY NAME NAME STREET ADDRESS 610 BROOKFIELD TERRACE STREET ADDRESS DELAND, FL 32724 CITY-ST-7IP CITY - ST- 7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-7P TITLE Oelete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

-23-67

Daytime Phone #

Feb 01, 2007 8:00 am