

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90046 030 ***150.00

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1. Entity Name
RE FINANCIAL SERVICES, INC.

Principal Place of Business

2650 ENTERPRISE ROAD, E.
CLEARWATER, FL 33763 33759

Mailing Address

2650 ENTERPRISE ROAD
CLEARWATER, FL 33763

2. Principal Place of Business - No P.O. Box #
2650 Enterprise Rd, E.

3. Mailing Address
411 Windward Pk.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip
33759

Country
USA

Zip
33767

Country
USA

01112007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-5453505

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HASLEY, STEVEN
2650 ENTERPRISE ROAD
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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
P
HASLEY, STEVEN
2650 ENTERPRISE ROAD, E.
CLEARWATER, FL 33763 33759 ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN HASLEY

Date

Daytime Phone #

727-949-8544