2006 EQR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # P37902 **Secretary of State** 1. Entity Name THE REKO CO., INC. Principal Place of Business Mailing Address 113 SEA MARSH ROAD - FERNANDINA BEACH FL 32034 113 SEA MARSH ROAD FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 22-2517951 Not Applicat Country \$8.75 Additional Zìo Country 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, RONALD O. Street Address (P.O. Box Number is Not Acceptable) 113 SEA MARSH ROAD FERNANDINA BEACH FL 32034 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 access the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tric it applicable (NOTE Registered Agent signature required when roinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition വവ TITLE 717) F ☐ Defete NAME WALKER, RONALD O. NAME U00000411033 82/09/06-80055-028 150.00 STREET ADDRESS 113 SEA MARSH RD. STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL CHY-ST-ZIP Deleta TITLE ☐ Change NAME WALKER, KENNETH E. NAME STREET ADDRESS STREET ADDRESS 3 BELFAIR COURT CITY-ST-ZIF HILTON HEAD SC CITY-ST-ZIP 3415 ☐ Change □ Marin De'ete 3111.5 ٧p NAME WALKER, KENNETH E. NAME STREET ADDRESS 3 BELFAIR COURT STREET ADDRESS City-St-20 HILTON HEAD SC CITY-ST-ZIP TITLE Detete THLE ☐ Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Detete TITLE Change - □ A∂aw NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Agr ∴ ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-st-zip

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1

if changed, or on an attach

SIGNATURE:

FILED