

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000000414

1. Entity Name
RESEC, INC.



Principal Place of Business

**4905 34TH ST SO
STE 6500
ST. PETERSBURG, FL 33711 US**

Mailing Address

**4905 34TH ST SO
STE 6500
ST. PETERSBURG, FL 33711 US**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3165580

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RECHNITZ, PAULA
4830 OSPREY DRIVE SOUTH
APT 301F
ST. PETERSBURG, FL 33711**

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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
**PSD
RECHNITZ, PAULA
4905 34TH ST SO STE 6500
ST. PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
RECHNITZ, PAULA
4905 34TH ST SO STE 6500
SAINT PETERSBURG, FL 33711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000577163
01/08/07-80005-021 150.00

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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: *Paula S. Rechnitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA S. RECHNITZ

1/4/07

Date

727-864-3936

Daytime Phone #