

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2008 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**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/08/08-80017-013 150.00

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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. Rechwitz
Paula S. Rechwitz

1/5/08

Date

727-864-3936

Daytime Phone #