

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068839

Entity Name: REKATS INDUSTRIES, INC.

FILED
Mar 21, 2009
Secretary of State

Current Principal Place of Business:

10100 S FEDERAL HWY
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

10100 S FEDERAL HWY
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0446546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CHRISTINE L
10100 S FEDERAL HWY
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAKER, CHRISTOPHER A PRES
Address: 10100 SOUTH FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP () Delete
Name: WILLIAMS, CHRISTINE L
Address: 10100 SOUTH FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S () Delete
Name: STAKER, MARILYN L
Address: 10100 S FEDERAL HWY
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WILLIAMS, CHRISTINE L VPRES
Address: 10100 SOUTH FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S (X) Change () Addition
Name: STAKER, MARILYN L SECY
Address: 10100 S FEDERAL HWY
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE L WILLIAMS

VP

03/21/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date