

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000028512

1. Entity Name

REMCO SPECIALTY PRODUCTS COMPANY



Principal Place of Business

3290 N.E. 33RD STREET
FORT LAUDERDALE, FL 33308

Mailing Address

3290 N.E. 33RD STREET
FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

FILED
Apr 28, 2005 08:00 AM
Secretary of State



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1024000** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TEST, SUSAN J
3290 NE 33RD STREET
FORT LAUDERDALE, FL 33308

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MORETH, R E**
STREET ADDRESS **3290 NE 33RD STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

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04/28/05-80053-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #