

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000048901

1. Entity Name  
REMINGTON GROUP, INC.



Principal Place of Business  
2851 REMINGTON GREEN CIRCLE  
SUITE D  
TALLAHASSEE, FL 32308

Mailing Address  
2851 REMINGTON GREEN CIRCLE  
SUITE D  
TALLAHASSEE, FL 32308

FILED

05 APR 12 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3449537

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LEBOEUF, DEAN R  
863 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**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	LEBOEUF, DEAN R
STREET ADDRESS	863 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	PD
NAME	MITCHELL, JOSEPH D
STREET ADDRESS	2851 REMINGTON GREEN CIR STE D
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	SD
NAME	FARMER, C.G
STREET ADDRESS	2851 REMINGTON GREEN CIR STE D
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200053929212  
05/06/05--01002--012 \*\*150.00

**DO NOT WRITE  
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)(i), 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

*C.G. FARMER* *Secy* *4/10/05* *850-386-2522*

Date

Daytime Phone #