

**2008 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
08 MAR 25 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152008 No Chg-P CR2E034 (11/05)

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, 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 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
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CITY-ST-ZIP

800121215568
03/25/08--01036--013 **150.00

**DO NOT WRITE
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:

C.G. FARMER - sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08
Date

850-386-2522
Daytime Phone #