


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000050083 1. Entity Name RESOTA CORPORATION	
---	---

Principal Place of Business 1407 1/2 JUNE AVENUE #B PANAMA CITY, FL 32401	Mailing Address 1407 1/2 JUNE AVENUE #B PANAMA CITY, FL 32401
--	--

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3459550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRIGMAN, MP 1407 1/2 JUNE AVE STE B PANAMA CITY, FL 32402
--

DO NOT WRITE IN THIS SPACE

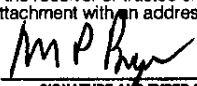
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BIEHL, JERRY 1407 1/2 JUNE AVENUE STE B PANAMA CITY, FL 324012037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCARPA, JR 1407 1/2 JUNE AVENUE STE B PANAMA CITY, FL 324012037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BRIGMAN, MP 1407 1/2 JUNE AVENUE STE B PANAMA CITY, FL 324012037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000840855
03/07/08-80008-021 150.00

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1-30-08 Daytime Phone #