

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000009895

1. Entity Name
REPCO OF CENTRAL FLORIDA, INC.



Principal Place of Business
**C/O WOODY SINGLETON
1795 BIG OAK LANE
KISSIMMEE, FL 34746**

Mailing Address
**C/O WOODY SINGLETON
1795 BIG OAK LANE
KISSIMMEE, FL 34746**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3487965

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLER, DEBRA D
1177 LOUISIANA AVE STE 100
WINTER PARK, FL 32789**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SINGLETON, WOODY**
STREET ADDRESS **1795 BIG OAK LANE**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **S/T**
NAME **SINGLETON, JANE**
STREET ADDRESS **1795 BIG OAK LANE**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

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U00000528166
05/05/06-80026-010 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06
Date

407-973-5653
Daytime Phone #