

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000101052

1. Entity Name
R.E.G. NETS, INC.



Principal Place of Business
**429 N LIME AVE
SARASOTA, FL 34236**

Mailing Address
**C/O NEVIN A. WEINER, P.A. 100 WALLACE AVE
STE 100
SARASOTA, FL 34237**



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0880157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINER, NEVIN A
100 WALLACE AVE
STE 100
SARASOTA, FL 34237**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STENGER, HARRY 4917 32ND ST E BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STENGER, VINCENT 1703 LITTLE POINT CIR SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/29/07-80002-010 550.00

**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

Harry Stenger 15/8/07 1941955 2440
Date Daytime Phone #