

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17298

Entity Name: REMPROP, INC.

FILED  
Apr 11, 2007  
Secretary of State

**Current Principal Place of Business:**

7679 WEXFORD WAY  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

7679 WEXFORD WAY  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

P.O. BOX 6163  
CLEARWATER, FL 33758

**New Mailing Address:**

7679 WEXFORD WAY  
PORT ST. LUCIE, FL 34986

FEI Number: 59-3072851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C. SCOTT NALL, P.A.  
7679 WEXFORD WAY  
PORT ST. LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: NALL, LISA A  
Address: 7679 WEXFORD WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P ( ) Delete  
Name: MURRAY, HELEN L  
Address: 807 ALAMANDA DRIVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: V ( ) Delete  
Name: MURRAY, DANIEL F  
Address: 807 ALAMANDA DRIVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: V ( ) Delete  
Name: NALL, C. SCOTT  
Address: 7679 WEXFORD WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. SCOTT NALL

V

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date