

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23528

FILED
Apr 04, 2005
Secretary of State

Entity Name: REBAR SYSTEMS SERVICE, INC.

Current Principal Place of Business:

130 PINEY ROAD
COTUIT, MA 02635 US

New Principal Place of Business:

Current Mailing Address:

BOX 2046
130 PINEY ROAD
COTUIT, MA 02635 US

New Mailing Address:

FEI Number: 04-2776696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, KENNETH D.
3838 TAMIAMI TRAIL N
STE 300
NAPLES, FL 34103 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: D () Delete
Name: WHRITENOUR, PHILLIP, A.
Address: 130 PINEY ROAD
City-St-Zip: COTUIT, MA

Title: DVT () Delete
Name: BLACK, PETER,
Address: 439 TERHUNE ROAD
City-St-Zip: PRINCETON, NEW JER.,

Title: S () Delete
Name: WHRITNEOUR, BETTY LO, U
Address: 130 PINEY ROAD
City-St-Zip: COTUIT, MA

Title: P () Delete
Name: BLACK, PETRE
Address: 439 TERHUNE ROAD
City-St-Zip: PRINCETON, NJ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHRITENOUR, PHILLIP, A.
Address: 130 PINEY ROAD
City-St-Zip: COTUIT, MA 02635 US

Title: DVT (X) Change () Addition
Name: BLACK, PETER,
Address: 101 SCHREINER PLACE
City-St-Zip: SAN ANTONIO, TX 78212 US

Title: S (X) Change () Addition
Name: WHRITNEOUR, BETTY LO, U
Address: 130 PINEY ROAD
City-St-Zip: COTUIT, MA 02635 US

Title: P (X) Change () Addition
Name: BLACK, PETRE
Address: 101 SCHREINER PLACE
City-St-Zip: SAN ANTONIO, TX 78212 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTY LOU WHRITENOUR

S

04/04/2005

Electronic Signature of Signing Officer or Director

_____ Date