


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # S76260
 1. Entity Name
 REV INDUSTRIES, INC.



Principal Place of Business Mailing Address
 3640 HWY 92 E 3640 HWY 92 E
 LAKELAND, FL 33801 US LAKELAND, FL 33801 US

DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3113269	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

MOHR, ROBERT H
 CORPORATE CENTER, SUITE 100
 137 SOUTH PEBBLE BEACH BOULEVARD
 SUN CITY CENTER, FL 33573

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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, 2008 Fee will be \$550.00

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

U000000967715
 04/08/08-80083-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS DAWSON, LINDSAY L 3640 HWY 92 E LAKELAND, FL
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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:  Lindsay L Dawson - President 3/20/08 863-665-5244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #