

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 160391
 1. Entity Name
REED MOTORS, INC.

Principal Place of Business 3776 W COLONIAL DR ORLANDO, FL 32808	Mailing Address 3776 W COLONIAL DR ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0607019	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
REED, JOHN L.
 3776 W COLONIAL DR
 ORLANDO, FL 32808

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000087368
 03/15/04-80009-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REED, JOHN L.
STREET ADDRESS	2238 HONTOON ROAD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	V
NAME	REED, ROBERT H.
STREET ADDRESS	806 EDGEWATER DR.
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	T
NAME	REED, RAYMOND D.
STREET ADDRESS	10417 LAKE LOUISA RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	S
NAME	REED, JOHN L. JR.
STREET ADDRESS	136 POWELL BLVD APT 10201
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John L. Reed, Treasurer 3/9/04 (407)297-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #