

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 287207

Entity Name: L. M. REID & CO., INC.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

1579 SW DYER POINT RD.
PALM CITY, FL 34990

New Principal Place of Business:

1579 SW DYER POINT RD.
PALM CITY, FL 34990 US

Current Mailing Address:

PO BOX 889
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 59-1116092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROGAN, JAMES T III
1579 SW DYER POINT RD
PALM CITY, FL 34990 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: CCEO () Delete
Name: BROGAN, JAMES T III
Address: 1579 SW DYER PT RD
City-St-Zip: PALM CITY, FL 34990

Title: PD () Delete
Name: BROGAN IV, JAMES T
Address: 8084 SE CARLTON DT.
City-St-Zip: HOBE SOUND, FL 33455

Title: STD () Delete
Name: BROGAN, MARY E
Address: 1579 SW DYER PT. RD.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BROGAN IV, JAMES T
Address: 8084 SE CARLTON ST.
City-St-Zip: HOBE SOUND, FL 33455

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: MARY E. BROGAN

STD

01/19/2006

Electronic Signature of Signing Officer or Director

Date