

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2006  
Secretary of State**

DOCUMENT# N95000001914

Entity Name: REESE'S SUPPORT SERVICES INC.

**Current Principal Place of Business:**

7614 SO. 35TH AVENUE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

7614 SO. 35TH AVENUE  
TAMPA, FL 33619

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

REESE, LINDA  
7614 SO. 35TH AVENUE  
TAMPA, FL 33619    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

**OFFICERS AND DIRECTORS:**

Title:                      PD                      ( ) Delete  
Name:                      REESE, LINDA C  
Address:                      7614 SO. 35TH AVENUE  
City-St-Zip:                      TAMPA, FL 33619

Title:                      D                      ( ) Delete  
Name:                      REESE, ROBERT EARL  
Address:                      7614 SO. 35TH AVENUE  
City-St-Zip:                      TAMPA, FL 33619

Title:                      D                      ( ) Delete  
Name:                      CHARLES, WILLIE M  
Address:                      6903 CAMERON AVE  
City-St-Zip:                      TAMPA, FL 33614

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. REESE

PD

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date