


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000012387 1. Entity Name C.A. REYNOLDS CONSTRUCTION, INC.	
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Principal Place of Business 3030 MAGNOLIA AVE. PENSACOLA, FL 32503 US	Mailing Address 3030 MAGNOLIA AVE. PENSACOLA, FL 32503 US
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04282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0641256	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REYNOLDS, ALLISON A 3030 MAGNOLIA AVE. PENSACOLA, FL 32503
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**DO NOT WRITE
IN THIS SPACE**

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:  **04-30-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U000000755457
05/22/07-80102-001 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REYNOLDS, CHRISTOPHER M 3030 MAGNOLIA AVE. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REYNOLDS, ALLISON A 3030 MAGNOLIA AVE. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHEELER, STANLEY G 3820 W LEE ST PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TANKERSLEY, ANDREW P 7003 BALBOA DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **04-30-07 850-475-0077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #