

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90027 024 ***150.00

DOCUMENT # P96000008334

1. Entity Name
REYES, INC.



Principal Place of Business
**1616-102 W CAPE CORAL PKWY
BOX 212
CAPE CORAL, FL 33914 US**

Mailing Address
**1616-102 W CAPE CORAL PKWY
BOX 212
CAPE CORAL, FL 33914 US**



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0638821

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REYES, JOSEPH
18011 S. TAMiami Trl 10, PMB #109
FORT MYERS, FL 33906**

**1616-102 W. Cape Coral Pkwy
PMB 212, Cape Coral FL 33914**

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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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REYES, JOSEPH
1616-102 BOX 212 W CAPE CORAL PKWY
CAPE CORAL, FL 33914**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P/S
ZONIA C. Reyes Blvd
4322 Olney St
CAPE CORAL FL 33914**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/04

239 357-4165