

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000056325

**Entity Name:** MIKE REESE ENTERPRISES, INC.

**Current Principal Place of Business:**

3367 BRACHENBURY LANE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

3367 BRACHENBURY LANE  
JACKSONVILLE, FL 32225

**FEI Number:** 45-2551378

**Certificate of Status Desired:** No

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

REESE, MIKE  
3367 BRACHENBURY LANE  
JACKSONVILLE, FL 32225 US

*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

**Officer/Director Detail :**

Title PDST  
Name REESE, MIKE  
Address 3367 BRACHENBURY LANE  
City-State-Zip: JACKSONVILLE FL 32225

Title VP  
Name REESE, MARILYN JEAN  
Address 3367 BRACHENBURY LANE  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby 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 all other like empowered.*

**SIGNATURE:** MIKE REESE

**PRESIDENT**

**03/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date