

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 343785

FILED  
Mar 17, 2011  
Secretary of State

Entity Name: REAVES ROOFING, INC.

**Current Principal Place of Business:**

2031 E 19TH ST  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3995  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-1259577      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MARILYN R. DAVIS  
5249 118TH ST  
JACKSONVILLE, FL 32244      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  
Name: REAVES SR, JOHN J  
Address: 1052 OVINGTON RD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD  
Name: DAVIS, MARILYN R  
Address: 5249 118TH ST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD  
Name: REAVES, HELEN  
Address: 8539 CONCORD COURT  
City-St-Zip: JACKSONVILLE, FL 32208

Title: S  
Name: REAVES, HELEN  
Address: 8539 CONCORD COURT  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD  
Name: REAVES, WILLIAM ALAN  
Address: 5389 OAKBAY DR. N  
City-St-Zip: JACKSONVILLE, FL 32277

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: MARILYN R. DAVIS

TD

03/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date