## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 11, 2005 08:00 AM Secretary of State **DOCUMENT # 377043** 1. Entity Name JOHN W. REAVES, C.P.A., P.A. Principal Place of Business Mailing Address 9655 SOUTH DIXIE HWY. 9655 SOUTH DIXIE HWY. SUITE 100 MIAI FL 33156 SUITE 100 MIAI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1349941 Not Applicab! Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REAVES, JOHN W. 6790 SW 98TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD HILE Change ☐ Addition ☐ Delete REAVES, JOHN W. MAMA NAME U00000298670 6790 SW 98TH ST STREET ADDRESS STREET ADDRESS 04/11/05-80076-014 150.00 CHY-SI-ZIP MIAMI FL CHY-SI-ZIP SD ☐ Change ☐ Addition MILE ☐ Delete 1110 REAVES, DIANNE C. NAM 6790 SW 98TH ST STREET ADDRESS STREET ADURESS CATY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition ☐ Defete 1.11.5 T Change HILL STHEET ADDRESS STREET ADDRESS CHY-SI ZIP CHY-SI-ZIF ☐ Addition TITLE Delete NAME STREET ADOPESS SURFEL ADDRESS CHY-SI- AF CITY-ST-ZIP ☐ Delete IIILE DILE Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS Ulfy 51-71P Child ST-ZIP ☐ Change ☐ Addition Hill Delete inil f HAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CHY-SI ZIP

SIGNATURE:

CITY-ST-ZIP

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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. REAVES

04/08/05

305-666-0018

**FILED** 

Daytime Phone #