

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 560170

Entity Name: W.D. REITES, INC.

FILED  
Jan 05, 2005  
Secretary of State

**Current Principal Place of Business:**

4432 HARBOR POINT DR  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

4432 HARBOR POINT DR  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 59-1796785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REITES, W D  
4432 HARBORPOINT DR  
PORT RICHEY, FL 34668 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REITES, W D  
Address: 4432 HARBOR POINTE DR  
City-St-Zip: PORT RICHEY, FL 34668

Title: ST ( ) Delete  
Name: REITES, DIANNE R  
Address: 4432 HARBOR POINTE DR.  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: W.D. REITES

PD

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date