

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 560170

**FILED  
Oct 01, 2010  
Secretary of State**

**Entity Name:** W.D. REITES, INC.

**Current Principal Place of Business:**

16301 NIKKI LANE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

16301 NIKKI LANE  
ODESSA, FL 33556

**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:**

MONROE, GENE SR  
4218 HARBOR LAKE DR.  
LUTZ, FL 33558    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: REITES, WILLIAM D  
Address: 16301 NIKKI LANE  
City-St-Zip: ODESSA, FL 33556

Title: ST  
Name: REITES, DIANNE R  
Address: 16301 NIKKI LANE  
City-St-Zip: ODESSA, FL 33556

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: WILLIAM D. REITES

PD

10/01/2010

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

\_\_\_\_\_ Date