


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 570097 1. Entity Name REEVES GLASS, INC.	
---	---

Principal Place of Business 1040 NE SR 47 TRENTON, FL 32693 US	Mailing Address 1040 NE SR 47 TRENTON, FL 32693 US
--	--



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0273485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REEVES, ARTHUR G. SR. 1040 NE SR 47 TRENTON, FL 32693
--

DO NOT WRITE IN THIS SPACE

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: <u>Arthur G. Reeves</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Arthur G. Reeves</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>03-24-05</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REEVES, DOROTHY V 1040 NE SR 47 TRENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REEVES, ARTHUR G. SR 1040 NE SR 47 TRENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEVES, ARTHUR G. JR 1040 NE SR 47 TRENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000277472 03/26/05-R0030-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

12. I hereby certify that the information supplied with this filing does not qualify 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 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.		
SIGNATURE: <u>Arthur G. Reeves Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>03-24-05</u> <small>Date</small>	<u>352 472 6515</u> <small>Daytime Phone #</small>