

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90061 046 \*\*\*150.00

<b>DOCUMENT # 677934</b> 1. Entity Name <b>REEVES ELECTRIC, INC.</b>			
Principal Place of Business <b>4221 SE 53RD AVE</b> <b>UNIT-D</b> <b>OCALA, FL 34480 US</b>		Mailing Address <b>PO BOX 830400</b> <b>OCALA, FL 34483 US</b>	
2. Principal Place of Business <b>4240 SE 95 ST.</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>OCALA, FL</b>		City & State 	
Zip <b>NO</b> Country <b>US</b> <b>RECEIPT</b>		Zip Country	
4. FEI Number <b>59-2017000</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MAYNARD, GROVER L</b> <b>1025 SE 170 ST.</b> <b>SUMMERFIELD, FL 34491</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>MAYNARD, GROVER L</b> STREET ADDRESS <b>1025 SE 170 ST.</b> CITY-ST-ZIP <b>SUMMERFIELD, FL</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>MATTHEW LEDLOW</b> STREET ADDRESS <b>5HEMLOCK TRACE RUN</b> CITY-ST-ZIP <b>OCALA, FL 34472</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>MAYNARD, GROVER L</b> STREET ADDRESS <b>1025 SE 170 ST</b> CITY-ST-ZIP <b>SUMMERFIELD, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>MATTHEW LEDLOW</b> STREET ADDRESS <b>5HEMLOCK TRACE RUN</b> CITY-ST-ZIP <b>OCALA, FL 34472</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>ST</b> NAME <b>MANN, JAMES H JR</b> STREET ADDRESS <b>16799 SE C-475</b> CITY-ST-ZIP <b>SUMMERFIELD, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>MATTHEW LEDLOW</b> STREET ADDRESS <b>5HEMLOCK TRACE RUN</b> CITY-ST-ZIP <b>OCALA, FL 34472</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>MATTHEW LEDLOW</b> STREET ADDRESS <b>5HEMLOCK TRACE RUN</b> CITY-ST-ZIP <b>OCALA, FL 34472</b>	<input type="checkbox"/> Delete	TITLE <b>S/T</b> NAME <b>LINDA HAMES</b> STREET ADDRESS <b>12681 SE 54 AVE</b> CITY-ST-ZIP <b>BELLEVIEW, FL 34420</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>S/T</b> NAME <b>LINDA HAMES</b> STREET ADDRESS <b>12681 SE 54 AVE</b> CITY-ST-ZIP <b>BELLEVIEW, FL 34420</b>	<input type="checkbox"/> Delete	TITLE <b>S/T</b> NAME <b>LINDA HAMES</b> STREET ADDRESS <b>12681 SE 54 AVE</b> CITY-ST-ZIP <b>BELLEVIEW, FL 34420</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S/T</b> NAME <b>LINDA HAMES</b> STREET ADDRESS <b>12681 SE 54 AVE</b> CITY-ST-ZIP <b>BELLEVIEW, FL 34420</b>	<input type="checkbox"/> Delete	TITLE <b>S/T</b> NAME <b>LINDA HAMES</b> STREET ADDRESS <b>12681 SE 54 AVE</b> CITY-ST-ZIP <b>BELLEVIEW, FL 34420</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Linda Hames</b> <b>LINDA HAMES</b>		Date <b>3-26-04</b> Daytime Phone # <b>352-347-2900 OR 352-245-0840</b>	