2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# 677934

Entity Name: REEVES ELECTRIC, INC.

Current Principal Place of Business:

4240 SE 95 ST.
OCALA, FL 34480 US

New Principal Place of Business:

4410 SE 95 STREET
OCALA, FL 34480 US

Current Mailing Address:

PO BOX 830400
OCALA, FL 34483 US

New Mailing Address:

PO BOX 2288
BELLEVIEW, FL 34421 US

FEI Number: 59-2017000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYNARD, GROVER L
1025 SE 170 ST.
SUMMERFIELD, FL 34491 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAYNARD, GROVER L
Address: 1025 SE 170 ST.
City-St-Zip: SUMMERFIELD, FL

Title: VP ( ) Delete
Name: TAHLIER, JON
Address: 9665 SE 146 PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: ST ( ) Delete
Name: HAMES, LINDA
Address: 12681 SE 54 AVE.
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAYNARD, GROVER L
Address: 1025 SE 170 ST.
City-St-Zip: SUMMERFIELD, FL 34491

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 Chapter 119, 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: LINDA HAMES ST 07/12/2006

Electronic Signature of Signing Officer or Director Date