2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 30, 2004 8:00 am Secretary of State **DOCUMENT # 696611** 1. Entity Name 08-30-2004 90006 035 ***150.00 D. REYNOLDS ENTERPRISES, INC. Principal Place of Business Mailing Address 370 12TH AVE S 370 12TH AVE \$ 2ND FLOOR NAPLES FL 34102 2ND FLOOR NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) 4. FEI Number Applied For City & State City & State 59-2148035 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYNOLDS, DORIS Street Address (P.O. Box Number is Not Acceptable) 370 12TH AVE S NAPLES FL 34102 City 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 SIGNATURE DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Chance Addition 37042TH AVES 620-6 1 R. No. REYNOLDS, DORIS NAME NAME STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIE CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete ☐ Change Addition TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition **1**111 E TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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

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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.

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ATTACHMENT # 696611 54070816

August 26, 2004

Dear Sir or Madam:

I am enclosing my check for \$150.00 and if required to pay \$500.00 I will dissolve my corporation. I am a self-published author and market my books myself and this is the only revenue I collect. \$500.00 would just about wipe away most of my profit. I kept my corporation after I sold my larger and more prosperous publishing company.

Also, I did not receive a notice to pay the corporate taxes. I moved this spring and much of my mail was not forwarded but left at my old address where the new tenants evidently threw it away.

Thank you for your consideration. Please take note of my new address.

Doris Revnolds

D. Reynolds Enterprises, Inc.

620 6th Avenue North

Naples, Florida 34102

(239) 261-8054 Fax: (239) 261-7866 e-mail: foodlyr25@aol.com