

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 825606

1. Entity Name
REECE ENTERPRISES, INC.



Principal Place of Business
**6990 MCNERNEY ROAD
NORTHWOOD, OH 43619**

Mailing Address
**6990 MCNERNEY ROAD
NORTHWOOD, OH 43619**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1046489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH,BOYD
LODGE 7-APT. 208
INNESBROOK GOLF CLUB
TARPON SPRINGS, FL 33589**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
REECE, JAMES
6990 MCNERNEY ROAD
NORTHWOOD, OH 43619**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REECE, CLAYTON
6697 EMBASSY ESTATES
MAUMEE, OH 43537**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/19/05-80001-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **JAMES REECE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-05
Date

4196626540
Daytime Phone #