

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849190

Entity Name: JOHN REYNOLDS & SONS, INC.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

4520 NORTH SR 37
P O BOX 186
ORLEANS, IN 474527186 US

New Principal Place of Business:

Current Mailing Address:

4520 NORTH S.R. 37
P O BOX 186
ORLEANS, IN 474527186 US

New Mailing Address:

FEI Number: 35-1116625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: REYNOLDS, JERRY L
Address: 3661 N C.R. 925 W
City-St-Zip: WEST BADEN, IN 47469

Title: PD () Delete
Name: REYNOLDS, JEFF
Address: 865 BURTON CEMETERY ROAD
City-St-Zip: MITCHELL, IN 47446

Title: VP () Delete
Name: SCHMIDT, PATRICK
Address: 311 WESLEY STREET
City-St-Zip: ORLEANS, IN 47452

Title: VP () Delete
Name: ACCETTURO, MARK
Address: 121 ROBERTS ROAD
City-St-Zip: FAIRBURN, GA 30213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: JEFF REYNOLDS

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

Date