

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004495

FILED  
Feb 18, 2005  
Secretary of State

Entity Name: LD REEVES & ASSOCIATES, INCORPORATED

## Current Principal Place of Business:

1625 WEST MARION AVENUE  
SUITE 11  
PUNTA GORDA, FL 33950

## New Principal Place of Business:

## Current Mailing Address:

1625 W. MARION AVENUE  
SUITE 11  
PUNTA GORDA, FL 33950

## New Mailing Address:

FEI Number: 62-1780206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VINT, ROBERT  
2144 HARBOUR DRIVE  
PUNTA GORDA, FL 33981 US

## Name and Address of New Registered Agent:

VINT, ROBERT  
1934 FORKED CREEK DRIVE  
ENGLEWOOD, FL 34223 US

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: ROBERT VINT

02/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: REEVES, LORETTA D  
Address: 2144 HARBOUR DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VCST ( ) Delete  
Name: VINT, ROBERT  
Address: 2144 HARBOUR DR  
City-St-Zip: PUNTA GORDA, FL 33983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: REEVES, LORETTA D  
Address: 1934 FORKED CREEK DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: VCST (X) Change ( ) Addition  
Name: VINT, ROBERT  
Address: 1934 FORKED CREEK DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

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: ROBERT VINT

VCST

02/18/2005

Electronic Signature of Signing Officer or Director

Date