## 2008 FOR PROFIT CORPORATION

## May 02, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F02000004495 05-02-2008 90154 006 \*\*\*150.00 LD REEVES & ASSOCIATES, INCORPORATED Principal Place of Business Mailing Address 400032~ 1889 MANZANA AVE. 1889 MANZANA AVE. PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04092008 Cha-P City & State City & State Applied For 4. FEI Number 62-1780206 Not Applicable Zip Country Zip 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 VINT, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2144 HARBOUR DRIVE PUNTA GORDA, FL 33983 Zip Code 8. The above named entity. s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florita. I am familiar with, and accept the obligat SIGNATURE e, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ■ Addition REEVES, LORETTA D NAME NAME STREET ADDRESS 2144 HARBOUR DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FL 33983 VCST ☐ Delete TITLE ☐ Change ■ Addition VINT, ROBERT NAME NAME 2144 HARBOUR DRIVE STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL 33983 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TIT) F □ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 charged, or on an attachment with an address, with all other like empowered.

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STREET ADDRESS

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SEE ATTACHED FOR SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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2008, FOR PROFIT CORPORATION ANNUAL REPORT (AR)

F02000004493

ANNUAL REPORT (AR)								F02000	0004495		
DOCUMENT # F02000004495 1. Entity Name											
LD REEVES & ASSOCIATES, INCORPORATED											
Principal Pta	ce of Busines	s	Mailing Address	Mailing Address		1					
1889 MANZANA AVE. PUNTA GORDA FL 33950			1889 MANZANA AVE. PUNTA GORDA FL 33950								
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #. etc.			Suite, Apt. #, etc.			2	nd MOORE	CR2E0	34 (4/08)	,	
City & State			City & State			4. FEI Num	62-1780206	3	<b>!</b> ——	Applied For Not Applicable	
Ziρ	Zip Country		Zip Country		nisy	5. Certificat	e of Status Desired		\$8.75 A		
	5. Name	and Address of Current	Registered Agent	ered Agent			7. Name and Address of New Registered Agent				
		_		Name							
214		IT UR DRIVE DA FL 33983	-		Street Address (I	Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	- ;		
The above the obliga	e named emity	submits this statement for	ed office or registere	ed agent, or b	oth, in the State of Flo	rida. I am	lamiliar wil	th, and accept			
the obligations of registered agent.											
SIGNATURE											
DUE BY September 3, 2008 Iste fee. By checking this box, the corporation certifies it											
·	k Payable to		<u> </u>	ce. Fee to file is \$1:							
TO.	CP	OFFICERS AND (		11. 37L6	<del> </del>	ADDITIONS	/CHANGES TO OFFI	CERS AND			
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12. I hereby certify that the information alpoliefd with this 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 triested empowered to product this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all order like empowered.											
SIGNAT	1105.	1	_			<i>5</i> /	21/18/	2415	75.2	~ ~	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF DIRECTOR											