

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004495

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** LD REEVES & ASSOCIATES, INCORPORATED

**Current Principal Place of Business:**

1889 MANZANA AVE.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

1889 MANZANA AVE.  
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 33983 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

**OFFICERS AND DIRECTORS:**

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

Title: VCST  
Name: VINT, ROBERT  
Address: 2144 HARBOUR DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J VINT

VCST

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date