

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000000869

1. Entity Name
DAVID A. REED INC.



Principal Place of Business
**RT 1 BOX 212-1
MAHUNTA GA 31553**

Mailing Address
**RT 1 BOX 212-1
MAHUNTA GA 31553**



2. Principal Place of Business
MAHUNTA

3. Mailing Address
RT 1 BOX 212-1

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
MAHUNTA GA

City & State
MAHUNTA GA 31553

Zip
31553

Country
BRUNLEY

FEI Number
20-1998869

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LINTON, DELLA
11472 INEZ DRIVE
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent
Name
DELLA LINTON
Street Address (P.O. Box Number is Not Acceptable)
11472 INEZ DR.
City
JACKSONVILLE FL Zip Code
32218

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 **Della Linton** (NOTE: Registered Agent signature required when installing)

DATE **3-8-06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, DAVID A RT 1 BOX 212-1 MAHUNTA GA 31553 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11100011462642 03/21/06-80045-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David A. Reed** **2-21-06 912-600-1486**