

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JAN -3 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F06000001490

1. Entity Name  
C. A. REED ASSOCIATES, INC.



Principal Place of Business  
200 SALTONSTALL ST  
CANANDAIGUA, NY 14424-8301

Mailing Address  
200 SALTONSTALL ST  
CANANDAIGUA, NY 14424-8301

DO NOT WRITE IN THIS SPACE



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
16-1285179

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.  
773 4TH AVENUE NORTH SUITE E  
NAPLES, FL 34102

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IN THIS SPACE

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
CP  
REED, CARL  
200 SALTONSTALL ST  
CANANDAIGUA, NY 144248301

TITLE  
NAME  
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CITY- ST- ZIP

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400083004244  
01/03/07--01055--001 \*\*150.00

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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like employees.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/07 800.462-6149  
Date Daytime Phone #

x 2/4