


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000002906	
1. Entity Name REEVES ENTERPRISES, INC.	

Principal Place of Business 571 WAHOO RD. P.O. BOX 27265 PANAMA CITY, FL 32411 US	Mailing Address PO BOX 27265 PANAMA CITY, FL 32411 US
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01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-0925528	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REEVES, LESTER D 571 WAHOO ROAD PANAMA CITY, FL 32411

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC REEVES, LESTER D P.O. BOX 27265 PANAMA CITY, FL 32411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REEVES, DOROTHY E P.O. BOX 27265 PANAMA CITY, FL 32411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/14/04-80008-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Lester D. Reeves</u> (LESTER D. REEVES) 1-12-04 850-234-416	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		