

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002906

FILED
Jun 28, 2005
Secretary of State

Entity Name: REEVES ENTERPRISES, INC.

Current Principal Place of Business:

571 WAHOO RD.
P.O. BOX 27265
PANAMA CITY, FL 32411 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 27265
PANAMA CITY, FL 32411 US

New Mailing Address:

FEI Number: 61-0925528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVES, LESTER D
571 WAHOO ROAD
PANAMA CITY, FL 32411 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: REEVES, LESTER D
Address: P.O. BOX 27265
City-St-Zip: PANAMA CITY, FL 32411

Title: SD () Delete
Name: REEVES, DOROTHY E
Address: P.O. BOX 27265
City-St-Zip: PANAMA CITY, FL 32411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LESTER D. REEVES

PRES

06/28/2005

Electronic Signature of Signing Officer or Director

Date