2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003519

Entity Name: REECE, HOOPES & FINCHER, INCORPORATED

FILED Jan 09, 2006 Secretary of State

| y | KEESE | , FIGOR EO GERMONER, IIVOOR | . 010112 | | | |
|---|--|------------------------------------|-----------|---|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 1234 AIRPORT ROAD STE 116 DESTIN, FL 32541 US | | | | 1234 AIRPORT ROAD SUITE 116 DESTIN, FL 32541 US | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| SUITE 85 | | TER TERRACE | | | | |
| | , GA 30346 | US | | | | |
| FEI Number | : 58-1764766 | FEI Number Applied For () | FEINUR | nber Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| PALYASH, MONICA 416 PARKWOOD PLACE NICEVILLE, FL 32578 US | | | | LANDRY, TROY M 1234 AIRPORT ROAD SUITE 116 DESTIN, FL 32541 US | | |
| | e named entit e of Florida. | y submits this statement for the p | ourpose c | f changing its registered | d office or registered agent, or both, | |
| SIGNATURE: TROY LANDRY | | | | | 01/09/2006 | |
| | | onic Signature of Registered Ag | ent | | Date | |
| Election Car | mpaign Financi | ng Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | HOOPES, GA | RS TRACE CIRCLE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T (FINCHER, HO 1419 LAFAYE MARIETTA, G | ETTE LANE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (BARCLIFT, D 3524 SUNDE ATLANTA, GA | RLAND WAY | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | D (LANDRY, TR 110 FAREWE | | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: TROY M. LANDRY D 01/09/2006

ALPHARETTA, GA 30022

City-St-Zip: