


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90016 045 ***150.00

DOCUMENT # G52963 1. Entity Name LLOYD REYNOLDS CORPORATION	
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Principal Place of Business % ESTHER R. CHAMBERS 8676-C SW 95TH LN OCALA, FL 34481 US	Mailing Address % ESTHER R. CHAMBERS 8676-C SW 95TH LN OCALA, FL 34481 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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04142008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2325722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMBERS, ESTHER R 8676-C S.W. 95TH LA OCALA, FL 34481	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHAMBERS, ESTHER R PRES 8676-C SW 95TH LN OCALA, FL 34481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CHAMBERS, ESTHER R PRES. 8676-C SW 95TH LN OCALA, FL 34481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

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 empowered.

SIGNATURE: Esther R Chambers ESTHER R. CHAMBERS 4-19-08 352-237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
9378

ATTACHMENT

40076406

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Document Number G52963

Business Entity Name LLOYD REYNOLDS CORPORATION

FEI Number 59 - 2325722

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status ☐ \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address % ESTHER R. CHAMBERS (PO Box not acceptable)
 Suite, Apt. #, etc. 8676-C SW 95TH LN
 City, State OCALA, FL
 Zip Code & Country 34481 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, your mailing address.

☐ Mailing address same as principal address

Address % ESTHER R. CHAMBERS
 Suite, Apt. #, etc. 8676-C SW 95TH LN
 City, State OCALA, FL
 Zip Code & Country 34481 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) CHAMBERS, ESTHER, R

- OR -

Business to serve as RA

ATTACHMENT

40076406
#652963

Street Address In Florida

8676-C S.W. 95TH LA

(PO Box not acceptable)

Suite, Apt. #, etc.

City, State

OCALA

, FL

Zip Code & Country

34481

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Esther R Chambers

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

DP

Name (Last, First, Middle, Title)

CHAMBERS

, ESTHER

, R

, PRES

- OR -

Entity Name to serve as Officer/Director

Street Address

8676-C SW 95TH LN

City, State

OCALA

, FL

Zip Code & Country

34481

Name And Address #2

Title

PRES

Name (Last, First, Middle, Title)

CHAMBERS

, ESTHER

, R

, PRES.

- OR -

Entity Name to serve as Officer/Director

Street Address

8676-C SW 95TH LN

City, State

OCALA

, FL

Zip Code & Country

34481

Name And Address #3

Title

ATTACHMENT

40076406

652963

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature

Esther R Chambas

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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