

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90014 010 ***150.00

DOCUMENT # H21784	
1. Entity Name DAVID D. REED, INC.	



Principal Place of Business 5801 15TH AVENUE SOUTH GULFPORT, FL 33707	Mailing Address 5801 15TH AVENUE SOUTH GULFPORT, FL 33707
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01072008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2447721	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		7. Name and Address of New Registered Agent	
REED, DAVID D 5801 15TH AVENUE SOUTH GULFPORT, FL 33707		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 _____ (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	PD REED, DAVID D. 5801 15TH AVE. S. GULFPORT, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REED, DAVID D. 5801 15TH AVE.S., GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, HELEN M 5801 15TH AVE. SO. GULF PORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REED, HELEN M. 5801 15TH AVE.S., GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUGUSTINE, MARK E. 5066 54TH ST.N., KENNETH CITY, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---

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: David D. Reed 4/20/08 727-345-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #