2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# H82709

Entity Name: R. G. REYNOLDS, INC.

Current Principal Place of Business:

11000 METRO PARKWAY
36
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P O BOX 60824
FT MYERS, FL 33906

New Mailing Address:

FEI Number: 59-2591220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNSUCKER, JEFFERY L
20230 CYPRESS CK DR
ALVA, FL 33920 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	REYNOLDS, RICHARD	
Address:	659 RIVERSIDE TRACE CT	
City-St-Zip:	FT MYERS, FL 33916	
Title:	VST	( ) Delete
Name:	HUNSUCKER, JEFFERY	
Address:	1682 N HERITAGE RD	
City-St-Zip:	FT MYERS, FL 33919	
Title:	D	( ) Delete
Name:	STANDRIDGE, DANA	
Address:	1996 ROCKDALE CIR	
City-St-Zip:	SNELLVILLE, GA 30078	
Title:	D	( ) Delete
Name:	HUNSUCKER, PATRICIA	
Address:	1682 N.HERMITAGE RD.	
City-St-Zip:	FT.MYERS, FL 33919	
Title:	D	( ) Delete
Name:	STANDRIDGE, MICHAEL	
Address:	1996 ROCKDALE CIRCLE	
City-St-Zip:	SNELLVILLE, GA 30078	
Title:	D	( ) Delete
Name:	EVANS, BRIAN	
Address:	2118 NW 5TH PL	
City-St-Zip:	CAPE CORAL, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	STANDRIDGE, DANA	
Address:	2733 SKYLAND DRIVE	
City-St-Zip:	SNELLVILLE, GA 30078	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	STANDRIDGE, MICHAEL	
Address:	2733 SKYLAND DRIVE	
City-St-Zip:	SNELLVILLE, GA 30078	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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

SIGNATURE: JEFFERY L HUNSUCKER S/T 04/09/2009

Electronic Signature of Signing Officer or Director — Date