

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90045 031 ***150.00

DOCUMENT # H91935

1. Entity Name
E.R. REEVES CORPORATION



Principal Place of Business

**118 W GRANT ST, BLDG N. (32806)
P. O. BOX 568567
ORLANDO, FL 32856**

Mailing Address

**118 W GRANT ST, BLDG N. (32806)
P. O. BOX 568567
ORLANDO, FL 32856**

40070444

2. Principal Place of Business - No P.O. Box #

1900 Diversified Way

Suite, Apt. #, etc.

3. Mailing Address

1900 Diversified Way

Suite, Apt. #, etc.

04192007

Chg-P

CR2E034 (12/06)

City & State

ORLANDO, FL

City & State

Orlando, FL

4. FEI Number

59-2623035

Applied For

Not Applicable

Zip
32804

Country
U.S.A.

Zip

32804

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REEVES, ERNEST R.
118 WEST GRANT STREET
BUILDING N
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

Name **Reeves, Ernest R.**

Street Address (P.O. Box Number is Not Acceptable)

1900 Diversified Way

City **Orlando**

FL

Zip Code **32804**

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

Ernest R. Reeves

4/18/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **REEVES, ERNEST R.**
STREET ADDRESS **118-N W. GRANT ST.**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **D** ☐ Delete
NAME **REEVES, ERNEST R.**
STREET ADDRESS **118-N W. GRANT ST.**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **-** ☒ Change ☐ Addition
NAME **-**
STREET ADDRESS **1900 Diversified Way**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **-** ☒ Change ☐ Addition
NAME **-**
STREET ADDRESS **1900 Diversified Way**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest R. Reeves

4/18/07

407/425-4020

Date

Daytime Phone #