

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # H92566

1. Entity Name
THE REED GROUP OF FLORIDA, CO.



Principal Place of Business
**1045 E. ATLANTIC BLVD
208
DELRAY BEACH, FL 33483 US**

Mailing Address
**300 SOUTH BANANA RIVER BLVD.
201
COCOA BEACH, FL 32931**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2638661

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REED, DONALD G.
300 SOUTH BANANA RIVER BLVD
201
COCOA BEACH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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, 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	P
NAME	REED, DONALD G.
STREET ADDRESS	300 SOUTH BANANA RIVER BLVD
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	V.P.
NAME	LEONARD, BARBARA
STREET ADDRESS	73 TIMBER LANE
CITY-ST-ZIP	AVON, CT 06001
TITLE	VP
NAME	REED, DONALD G JR
STREET ADDRESS	1208 SOMERSET DRIVE
CITY-ST-ZIP	GLENVIEW, IL 60025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80031-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Donald G Reed President 1/30/07 860-983-0619

Date

Daytime Phone #