2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# J39786

Entity Name: C & R REEVES, INC.

Current Principal Place of Business:

10760 N. 56TH STREET
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

% RICHARD W. REEVES, JR.
11007 THERESA ARBOR DR
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 59-2722744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REEVES, RICHARD W., JR.
11007 THERESA ARBOR DR
TEMPLE TERRACE, FL 33617 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:	VSD	( ) Delete
Name:	REEVES, CARLOTTA B.,	
Address:	11007 THERESA ARBOR DR	
City-St-Zip:	TEMPLE TERRACE, FL	
Title:	DPT	( ) Delete
Name:	REEVES, RICHARD W.,, JR.	
Address:	11007 THERESA ARBOR DR	
City-St-Zip:	TEMPLE TERRACE, FL	
Title:	V	( ) Delete
Name:	REEVES, BRIAN	
Address:	11007 THERESA ARBOR DR.	
City-St-Zip:	TEMPLE TERR., FL	
Title:	V	( ) Delete
Name:	REEVES, TRACEY	
Address:	1604 LOGHILL PLACE	
City-St-Zip:	BRANDON, FL 33510	
Title:	V	( ) Delete
Name:	REEVES, WENDY	
Address:	11007 THERESA ARBOR DR.	
City-St-Zip:	TEMPLE TERR., FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	REEVES, TRACEY	
Address:	503 CLIFF DRIVE	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
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: CARLOTTA REEVES VP 04/24/2007

Electronic Signature of Signing Officer or Director — Date