

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J39786

Entity Name: C & R REEVES, INC.

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**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:**

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

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:**

REEVES, BRIAN R.  
5116 W. CLEVELAND ST  
TAMPA, FL 33617 US

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: BRIAN R. REEVES

02/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VSD  
Name: REEVES, BRIAN R.  
Address: 5116 E. CLEVELAND ST  
City-St-Zip: TAMPA, FL 33609

Title: DPT  
Name: REEVES, BRIAN R..  
Address: 5116 W. CLEVELAND ST  
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: BRIAN R. REEVES

VSD

02/29/2012

Electronic Signature of Signing Officer or Director

Date