## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # J88985** IKE REEVES, INC. Principal Place of Business Mailing Address 2085 NW 16 ST. 2085 NW 16 ST. DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 03292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-2846554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROSENTHAL, IKE D DO NOT WRITE 2085 NW 16 ST. DELRAY BEACH, FL 33445 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. (NOTE: Registered Agent aigneture required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ROSENTHAL, IKE NAME STREET ADDRESS 2085 NW 16 ST. CITY-ST-ZIP DELRAY BEACH, FL 33445 1/00000685282 04/06/07-80066-015 150.01 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

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 chapted, or on an attachment with an address, with all Ather like empowered.

CICMATUDE.

STREET ADDRESS CITY-ST-ZIP

BIGHATURE AND TYPED OR PRINTED MARE BE SIGNING OFFICER OR DIRECTOR

07 561-278-1152

**FILED**