


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # K00223
 1. Entity Name
R.L. REIMER ENTERPRISES, INC.



Principal Place of Business Mailing Address
454 ROCKEFELLER DRIVE **454 ROCKEFELLER DRIVE**
NEW SMYRNA BCH FL 32168 **NEW SMYRNA BCH FL 32168**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E034 (10/04)

5. Name and Address of Current Registered Agent
REIMER, LOUIS R
454 ROCKEFELLER DR
NEW SMYRNA BCH FL 32168

4. FEI Number Applied For
59-2872539 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REIMER, LOUIS R	
STREET ADDRESS	454 ROCKEFELLER DRIVE	
CITY - ST - ZIP	NEW SMYRNA BCH FL 32168	
TITLE	V	<input type="checkbox"/> Delete
NAME	REIMER, LOUIS R.	
STREET ADDRESS	454 ROCKEFELLER DR.	
CITY - ST - ZIP	NEW SYMRNA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REIMER, DEBORAH J	
STREET ADDRESS	454 ROCKEFELLER DRIE	
CITY - ST - ZIP	NEW SMYRNA BCH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXX232568	
STREET ADDRESS	02/17/05-80006-023 150.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Deborah J. Reimer* **DEBORAH J. REIMER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SECRETREAS.** **2/14/05** **386 428-6537**
 Date Daytime Phone #