


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 454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 US	Mailing Address 454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REIMER, LOUIS R 454 ROCKEFELLER DR NEW SMYRNA BCH FL 32168		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

4. FEI Number 59-2872539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	REIMER, LOUIS R	
STREET ADDRESS	454 ROCKEFELLER DRIVE	
CITY - ST - ZIP	NEW SMYRNA BCH FL 32168	
TITLE	V	<input type="checkbox"/>
NAME	REIMER, LOUIS R.	
STREET ADDRESS	454 ROCKEFELLER DR.	
CITY - ST - ZIP	NEW SYMRNA BEACH FL	
TITLE	ST	<input type="checkbox"/>
NAME	REIMER, DEBORAH J	
STREET ADDRESS	454 ROCKEFELLER DRIE	
CITY - ST - ZIP	NEW SMYRNA BCH FL 32168	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME	XXXXXXXX232568		
STREET ADDRESS	02/17/05-80006-023 150.00		
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 #