

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K43173	
1. Entity Name C. G. REED LAND CLEARING, INC.	

Principal Place of Business 150 MARTESIA WAY INDIAN HARBOUR BCH. FL 32937 US	Mailing Address 150 MARTESIA WAY INDIAN HARBOUR BCH. FL 32937 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	Zip	Country

1st MOORE CR2E034 (10/05)

4. FCI Number **59-2911715** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYWORTH, CHANEY & SINCL
200 S. HARBOR CITY BLVD
STE 203
MELBOURNE FL 32901**

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE VP	☐ Change ☐ Add
NAME REED, JAN CAUDLE		NAME REED, CHARLES G.	
STREET ADDRESS 150 MARTESIA WAY		STREET ADDRESS 150 MARTESIA WAY	
CITY-ST-ZIP INDIAN HBR BEACH FL		CITY-ST-ZIP INDIAN HBR BEACH FL	
TITLE VP	☐ Delete	TITLE VP	☐ Change ☐ Add
NAME REED, CHARLES G.		NAME REED, CHARLES G.	
STREET ADDRESS 150 MARTESIA WAY		STREET ADDRESS 150 MARTESIA WAY	
CITY-ST-ZIP INDIAN HBR BEACH FL		CITY-ST-ZIP INDIAN HBR BEACH FL	
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CITY-ST-ZIP INDIAN HBR BEACH FL		CITY-ST-ZIP INDIAN HBR BEACH FL	

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02/16/06-80032-025-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jan C Reed 1/31/06 381-676-5793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #