


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90310 015 ***150.00

DOCUMENT # L76559 1. Entity Name ACCOUNTING AND CLERICAL BY REEVES AND ASSOCIATES, INC.	
-------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business % WANDA REEVES 501 GOODLETTE ROAD, SUITE B-204 NAPLES, FL 33940	Mailing Address % WANDA REEVES 501 GOODLETTE ROAD, SUITE B-204 NAPLES, FL 33940
---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3011557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**REEVES, WANDA
501 GOODLETTE ROAD
SUITE B204
NAPLES, FL 33940**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS REEVES, WANDA 3635 BOCA CIEGA DR., #105 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVES, WANDA 3635 BOCA CIEGA DR., #105 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Wanda L. Reeves 3/10/05 239-434-7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #