

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L76559</b> 1. Entity Name <b>ACCOUNTING AND CLERICAL BY REEVES AND ASSOCIATES, INC.</b>	
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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
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**DO NOT WRITE IN THIS SPACE**



03302008 No Chg-P CR2E034 (11/05)

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

**6. Name and Address of Current Registered Agent**

REEVES, WANDA  
 501 GOODLETTE ROAD  
 SUITE B204  
 NAPLES, FL 33940

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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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

04/15/08-80033-011 150.00

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	

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda L Reeves 4/01/08 239/434-7757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #