


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M20108**  
 1. Entity Name  
**DAVE REEVES, INC.**



Principal Place of Business      Mailing Address  
 14339 COLLECTING CANAL RD      14339 COLLECTING CANAL RD  
 LOXAHATCHEE, FL 33470      LOXAHATCHEE, FL 33470

**DO NOT WRITE IN THIS SPACE**



01212008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2579065</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 REEVES, DAVID  
 14281 COLLECTING CANAL RD  
 LOXAHATCHEE, FL 33470

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REEVES, DAVID 14281 COLLECTING CANAL RD LOXAHATCHEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS REEVES, CONNIE 14281 COLLECTING CANAL RD LOXAHATCHEE, FL
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 01/25/08-80027-016 150.00

**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:** Connie Sue Reeves    1-22-08 (561) 798-3359  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #