


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90308 011 ***150.00

DOCUMENT # M34657			
1. Entity Name REEVES INDUSTRIES, INC.			
Principal Place of Business 1004 DELRIDGE AVE ORLANDO, FL 32804 US		Mailing Address 1004 DELRIDGE AVE ORLANDO, FL 32804 US	
2. Principal Place of Business 6206 Forest City Rd. Suite, Apt. #, etc. "C"		3. Mailing Address SAME Suite, Apt. #, etc. SAME	
City & State ORLANDO, FL		City & State SAME	
Zip 32810		Country USA	
Zip SAME		Country SAME	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
4. FEI Number 59-2709498		Applied For Not Applicable	
6. Name and Address of Current Registered Agent REEVES, DOROTHY A 1004 DELRIDGE AVENUE ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6206 Forest City Rd Suite C ORLANDO, FL 32810			
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 <i>Dorothy Ann Reeves</i>		SIGNATURE <i>Dorothy Ann Reeves</i> DATE 3-6-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REEVES, DOROTHY ANN 1004 DELRIDGE STREET ORLANDO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6206 Forest City Rd., Suite C ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALLUCCA, LARRY 4502 WEEPING WILLOW CIR CASSELBERRY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REEVES, MATHEWC 4944 WILLOW CREEK DR. WOODSTOCK, GA 30188	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REEVES, MARY P 46 E. NEW HAMPSHIRE ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARY P. FAULK 9 KENSINGTON BLVD. BLUFFTON, SC 29910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Dorothy Ann Reeves</i>		SIGNATURE: <i>Dorothy Ann Reeves</i> DATE 3-6-06-407-299-9284	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	