

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90450 041 ***150.00

DOCUMENT # M34657 1. Entity Name REEVES INDUSTRIES, INC.			
Principal Place of Business 6206 FOREST CITY RD C ORLANDO, FL 32810 US		Mailing Address 1004 DELRIDGE AVE ORLANDO, FL 32804 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6206 Forest City Rd Suite, Apt. #, etc. Suite C City & State ORLANDO FL Zip Country 32810 USA	
City & State		4. FEI Number 59-2709498	
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, DOROTHY A 6206 FOREST CITY RD STE C ORLANDO, FL 32810		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REEVES, DOROTHY ANN	NAME	
STREET ADDRESS	6206 FOREST CITY RD STE C	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FALLUCCA, LARRY	NAME	
STREET ADDRESS	4502 WEEPING WILLOW CIR	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY, FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REEVES, MATHEW C	NAME	
STREET ADDRESS	4944 WILLOW CREEK DR.	STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK, GA 30188	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FAULK, MARY P	NAME	
STREET ADDRESS	9 KENSINGTON BLVD	STREET ADDRESS	
CITY-ST-ZIP	BLUFFTON, SC 29910	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Ann Reeves</u> <u>ANN REEVES</u>		Date: <u>4-26-07</u>	Daytime Phone #: <u>407-299-9284</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>