

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009062

1. Entity Name
FRIENDS OF JORDAN REID, INC.



Principal Place of Business
1159 19 AVE SW
LARGO, FL 33778

Mailing Address
1159 19 AVE SW
LARGO, FL 33778



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2304598

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000141813
04/30/04-80026-013 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
REID, JAMES R JR
1159 19 AVE SW
LARGO, FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
REID, JAMES R III
1159 19 AVE SW
LARGO, FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
PETTYJOHN, GENEVIEVE
1159 19 AVE SW
LARGO, FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REID, LYNN M
1159 19 AVE SW
LARGO, FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 617, 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: James R. Reid Jr. **James R. Reid Jr.** **4-20-04** **(727) 455-8638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #