



FILED
Feb 21, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P00000073727 1. Entity Name REATON, INC.</div><div style="text-align: center;"></div></div>		Feb 21, 2005 08:00 A Secretary of State																																									
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 370 EAST MIMOSA DRIVE STARKE, FL 32091</div><div>Mailing Address 370 EAST MIMOSA DRIVE STARKE, FL 32091</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;">02192005No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 59-3662993</div><div>Applied For Not Applicable</div></div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>																																									
DO NOT WRITE IN THIS SPACE		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>																																									
6. Name and Address of Current Registered Agent EATON, ROBERT J 370 E MIMOSA DR STARKE, FL 32091		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.																																									
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:20%;">TITLE</td><td>PSTD</td></tr><tr><td>NAME</td><td>EATON, ROBERT J</td></tr><tr><td>STREET ADDRESS</td><td>370 EAST MIMOSA DRIVE</td></tr><tr><td>CITY- ST- ZIP</td><td>STARKE, FL 32091</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	PSTD	NAME	EATON, ROBERT J	STREET ADDRESS	370 EAST MIMOSA DRIVE	CITY- ST- ZIP	STARKE, FL 32091	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>	
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<div style="display: flex; justify-content: space-between;"><div>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 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.</div><div style="text-align: right;">SIGNATURE: <u>Robert J Eaton</u> 19 Feb 2005 352 235 1336</div></div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>																																											