

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED 112

05 JUL 28 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckert AUG 01 2005



07252005 No Chg-P CR2E034 (10/03)

DOCUMENT # P00000080103

1. Entity Name
REAM ENTERPRISES, INC.



Principal Place of Business
**5420 W. CYPRESS ST.
TAMPA, FL 33607 US**

Mailing Address
**5420 W. CYPRESS ST.
TAMPA, FL 33607 US**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3708119	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TOWNSEND, DAVID A
608 W. HORATIO ST.
TAMPA, FL 33606-2228**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	PD REAM, KELLY P 5420 W. CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REAM, GERALD L 5420 W. CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REAM, JOAN A 5420 W. CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/12/05--01057--003 **159.75

**DO NOT WRITE
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 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: Joan A. Ream, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/05 813-490-4636
Date Daytime Phone 2249

2/2

REAM ENTERPRISES, INC.

5420 W. Cypress St.
Tampa, FL 33607

July 25, 2005

Division of Corporations
P O Box 6198
Tallahassee, FL 32314-6198

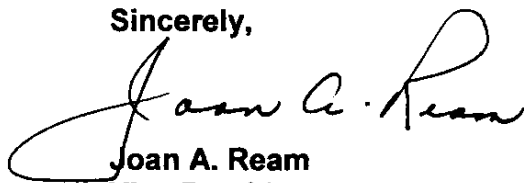
Re: 2005 for Profit Corporation Annual Report
Ream Enterprises, Inc., Document P00000080103

To Whom It May Concern:

We are respectfully requesting a waiver of the Penalty Fee of \$400.00 on the attached report. We have never received the original notification card. Unfortunately, early this year we were in the midst of a change in our bookkeepers and, as a result, the fact that this report was due fell through the cracks. The receipt of the Notice of Intent to Dissolve came as a shock and definite wake-up call. We have now put an electronic reminder system in place to ensure this never occurs again.

Thank you for your consideration of our request.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joan A. Ream".

Joan A. Ream
Vice President