

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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**



01122006 No Chg-P CR2E034 (11/05)

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REAM, KELLY P
STREET ADDRESS	5420 W. CYPRESS ST.
CITY - ST - ZIP	TAMPA, FL 33607

TITLE	STD
NAME	REAM, GERALD L
STREET ADDRESS	5420 W. CYPRESS ST.
CITY - ST - ZIP	TAMPA, FL 33607

TITLE	VPD
NAME	REAM, JOAN A
STREET ADDRESS	5420 W. CYPRESS ST.
CITY - ST - ZIP	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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02/01/06-80008-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/06 813-490-4636
Date Daytime Phone #