

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000081916

1. Entity Name  
REYNOLDS INDUSTRIAL SERVICES, INC.



Principal Place of Business

8041 GARDNER ROAD  
#12  
TAMPA, FL 33625

Mailing Address

P.O. BOX 346  
TRENTON, MI 48183



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3670239

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, WILLIAM D  
8041 GARDNER ROAD #12  
TAMPA, FL 33625

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000230286  
02/15/05-80037-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REYNOLDS, WILLIAMS D
STREET ADDRESS	8041 GARDNER ROAD #12
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	VD
NAME	RYE, PHILIP V
STREET ADDRESS	P.O. BOX 346
CITY-ST-ZIP	TRENTON, MI 48183
TITLE	VD
NAME	DAVERT, MICHAEL
STREET ADDRESS	201 PIG HILL ROAD
CITY-ST-ZIP	COVENTRY, RI 02816
TITLE	SD
NAME	REDMOND, THOMAS P
STREET ADDRESS	PO BOX 791
CITY-ST-ZIP	TRENTON, MI 48183
TITLE	TD
NAME	TOLSTYKA, JERRY
STREET ADDRESS	P.O. BOX 346
CITY-ST-ZIP	TRENTON, MI 48183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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

2/7/05

Date

734-942-9300

Daytime Phone #