

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 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**



**03012006 No Chg-P CR2E034 (11/05)**

**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, 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 REYNOLDS, WILLIAMS D  
STREET ADDRESS 8041 GARDNER ROAD #12  
CITY-STATE-ZIP TAMPA, FL 33625**

**TITLE VD  
NAME RYE, PHILIP V  
STREET ADDRESS P.O. BOX 346  
CITY-STATE-ZIP TRENTON, MI 48183**

**TITLE VD  
NAME DAVERT, MICHAEL  
STREET ADDRESS 201 PIG HILL ROAD  
CITY-STATE-ZIP COVENTRY, RI 02816**

**TITLE SD  
NAME REDMOND, THOMAS P  
STREET ADDRESS PO BOX 791  
CITY-STATE-ZIP TRENTON, MI 48183**

**TITLE TD  
NAME TOLSTYKA, JERRY  
STREET ADDRESS P.O. BOX 346  
CITY-STATE-ZIP TRENTON, MI 48183**

**TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**

**1100000527232  
05/04/06-80104-014 150.00**

**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

**PHILIP V. RYE, V.P. 3/1/06 734-942-9300**

Date

Daytime Phone #