

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094405

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: M. R. REYNOLDS ENTERPRISES, INC.

## Current Principal Place of Business:

6320 WEITA RD  
BARTOW, FL 33830

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 298  
ALTURAS, FL 33820

## New Mailing Address:

FEI Number: 59-3677849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REYNOLDS, M. R.  
6320 WEITA ROAD  
BARTOW, FL 33830 US

## Name and Address of New Registered Agent:

REYNOLDS, DONNIE  
6320 WEITA ROAD  
BARTOW, FL 33830 US

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.

SIGNATURE: DONNIE REYNOLDS

03/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: REYNOLDS, M. R.  
Address: PO BOX 298  
City-St-Zip: ALTURAS, FL 33820

Title: VD ( ) Delete  
Name: REYNOLDS, DONNIE  
Address: PO BOX 298  
City-St-Zip: ALTURAS, FL 33820

Title: TD ( ) Delete  
Name: REYNOLDS, LENDEL  
Address: PO BOX 298  
City-St-Zip: ALTURAS, FL 33820

Title: SD (X) Delete  
Name: REYNOLDS, KENNETH  
Address: PO BOX 298  
City-St-Zip: ALTURAS, FL 33820

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: REYNOLDS, DONNIE  
Address: PO BOX 298  
City-St-Zip: ALTURAS, FL 33820

Title: VTD (X) Change ( ) Addition  
Name: REYNOLDS, LENDEL  
Address: PO BOX 298  
City-St-Zip: ALTURAS, FL 33820

Title: SD (X) Change ( ) Addition  
Name: REYNOLDS, KENNETH  
Address: PO BOX 298  
City-St-Zip: ALTURAS, FL 33820

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNIE REYNOLDS

PD

03/05/2008

Electronic Signature of Signing Officer or Director

Date