

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90023 024 \*\*\*150.00

66005031



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P00000115480</b> 1. Entity Name <b>REYES PROPERTY CARE, INC.</b>																													
Principal Place of Business <b>2901 DARTMOUTH AVENUE NORTH SAINT PETERSBURG FL 33713</b>			Mailing Address <b>2901 DARTMOUTH AVENUE NORTH SAINT PETERSBURG FL 33713</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3687414</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="border: 1px solid black; padding: 5px;"> <b>6. Name and Address of Current Registered Agent</b>  <b>REYES, ARMANDO</b>  <b>2901 DARTMOUTH AVENUE NORTH</b>  <b>SAINT PETERSBURG FL 33713</b> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>7. Name and Address of New Registered Agent</b>          Name _____          Street Address (P.O. Box Number is Not Acceptable) _____          City _____ <b>FL</b> Zip Code _____       </div>																									
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 <i>Armando Reyes</i> <span style="float: right;">3-12/05</span> <small>Signature, typed or printed name of registered agent and one applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>																													
<div style="border: 1px solid black; padding: 5px;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div>																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>REYES, ARMANDO R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2901 DARTMOUTH AVENUE NORTH</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SAINT PETERSBURG FL 33713</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSTD	<input type="checkbox"/> Delete	NAME	REYES, ARMANDO R		STREET ADDRESS	2901 DARTMOUTH AVENUE NORTH		CITY- ST- ZIP	SAINT PETERSBURG FL 33713		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 <i>Armando Reyes</i> <span style="float: right;">3-12-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													