FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90007 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000024263

1. Entity Name
WILLIAM L. REED, INC.

54032150

Principal Place of Business	Mailing Address
9155 MCDOUGAL CT TALLAHASSEE, FL 32312	PO BOX 180248 TALLAHASSEE, FL 32318-0003

2. Principal Place of Business	3. Mailing Address
	9155 MCDOUGAL CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TALLAHASSEE, FL
Zip / Country	Zip: 32312 / Country: LEON

04122004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3716446 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANGER, ANDREW L
2804 REMINGTON GREEN CIR., STE. 4
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: GRANGER, ANDREW L
Street Address (P.O. Box Number is Not Acceptable): 1600 METROPOLITAN CIRCLE
City: TALLAHASSEE FL Zip Code: 32308

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP REED, WILLIAM L 9155 MCDOUGAL CT TALLAHASSEE, FL 32312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ACKER, SUSAN B 9155 MCDOUGAL CT TALLAHASSEE, FL 32312 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS ACKER, SUSAN B 9155 MCDOUGAL CT TALLAHASSEE, FL 32312 ☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: William L. Reed 4/12/04 850 391 4079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #