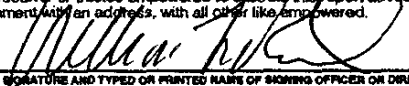


FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90007 023 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000024263			
1. Entity Name WILLIAM L. REED, INC.			
Principal Place of Business 9155 MCDOUGAL CT TALLAHASSEE, FL 32312		Mailing Address 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	Country
		32312	LEON
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 transferring)			
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	V.S.D. 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 3914079	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	