2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000038660

1. Entity Name

REILLY HOLDINGS, INC.

Principal Place of Business	Mailing Address
1107 EASTERN AVE SAINT CLOUD FL 34769	1107 EASTERN AVE SAINT CLOUD FL 34769

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

1st MOORE   CR2E034 (10/04)

4. FEI Number 59-3711206 ☐ Applied For ☐ Not Applicab!

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REILLY, MICHAEL J C/O SHAMRPCK AUTO BODY 1107 EASTERN AVENUE ST CLOUD FL 34769	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 accep 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, 2005 Fee Will Be $550.00** **Make Check Payable to Florida Department of State**		**9.** Election Campaign Financing **$5.00** May B: Trust Fund Contribution. ☐ Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPT	☐ Delete	TITLE	02/28/05-80012-001 150. 00 ☐ Additi
NAME	REILLY, MICHAEL J		NAME	
STREET ADDRESS	4619 PINE LAKE DRIVE		STREET ADDRESS	U00000245099
CITY-ST-ZIP	ST CLOUD FL 34769		CITY-ST-ZIP	02/28/05-80012-001 150.
TITLE	DVPS	☐ Delete	TITLE	☐ Change ☐ Additi
NAME	REILLY, PHILOMENA		NAME	
STREET ADDRESS	4619 PINE LAKE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34769		CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J REILLY   *Michael J Reilly*   1/26/05   407-957-477'
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #