2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

				- Section	ciary or Si	iaic
1. Entity Name	MENT # P01000078 REEK REAL ESTATE, INC.	776		05-03-2004 91229 017 ***150.00		
Principal Pleas	e of Rusiness	Mailing Address		7		
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5623 NAPLES BLVD. Naples, fl 34109		5623 NAPLES BLVD. NAPLES, FL 34109 US			•	
NAI LLO, I L	34103 03	MAI CES, 12 34103	,,,	A HORNESCH LIK BRIED ANDIH SONIK BRIE	6 88311 88411 48481 48131 18816 48418 865	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122004 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3747129		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desire	sd 🗆 \$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of Ne	w Registered Agent	
5			Namo	an David	1	
PERRY, D 4372 BITT			s (P.O. Bok Number is Not Accept	able) A		
NAPLES, F	<u> </u>		29 0011 E	Blud.		
10,11 220,1	2 3 7 7 7 3			, s , o sq , s	- (-	
	× ×		City (\)	oles	FL Zip Code	PM
	named entity submits this statement fo	r the purpose of changing its re	egistered office or regis	ered agent, or both, in the State of	f Florida. I am familiar with,	and accept
the obligat	ions of registered agent	1			.71 1	
SIGNATURE	1 A de la	len-			4/12/04_	
· :	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered Agent signature requi	ired when reinstating)	DATE	
	27 	9. Election Campaign	n Financina 🌎 🕈	F 00		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.			5.00 May Be dded to Fees		
10.	® (⊕ () OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	5 IN 11
TRILE	D 1.	☐ Delete	TITLE		Change	Addition
NAME	PERRY, DAVID L		NAME			
STREET ADDRESS CITY-ST-ZIP	4372 BITTERN CT.		STREET ADDRESS CITY-ST-ZIP		•	
	NAPLES, FL 34119		1			
TITLE NAME		☐ Delete	TITLE NAME		Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			
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STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS		* Fees w	
CITY-ST-ZIP			CITY-ST-ZIP	•		
12 I boroby						
I IZ. THEREDY	certify that the information supplied with	n this filing does not quality for t	the exemption stated in	Section 119.07(3)(i), Florida Statu	tes. I further certify that the ii	nformation
indicated of the co	certify that the information supplied wilt d on this report of supplemental report in proration of the receiver or trustee emp d, or on an attachment with an address,	n this filing does not quality for t is true airo accurate and that my owered to execute this report a	the exemption stated in y signature shall have the s required by Chapter (Section 119.07(3)(i), Florida Statu ne same legal effect as if made un 507, Florida Statutes; and that mv	tes. I further certify that the ii der oath; that I am an officer name appears in Block 10 o	nformation or director r Block 11 if

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR