


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90072 010 ***150.00

DOCUMENT # P01000109927 1. Entity Name REEVES & ASSOCIATES, INC.			
Principal Place of Business 11685 KERRY DRIVE COOPER CITY, FL 33026		Mailing Address 11685 KERRY DRIVE COOPER CITY, FL 33026	
2. Principal Place of Business 964 HARBORVIEW N Suite, Apt. #, etc.		3. Mailing Address 964 HARBORVIEW N. Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL Zip 33019 Country		City & State HOLLYWOOD, FL Zip 33019 Country	
4. FEI Number 65-1158704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REEVES, TERRI 11685 KERRY DRIVE COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 964 HARBORVIEW N City HOLLYWOOD FL Zip Code 33019	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D REEVES, TERRI 11685 KERRY DRIVE COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	964 HARBORVIEW N. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>TERRI REEVES</i>		Date <i>2/9/05</i> * (54) 448-6029	