


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90030 003 ***150.00

DOCUMENT # P02000002863					
1. Entity Name MARTIN ANDREW REED, P.A.					
Principal Place of Business 65 WATERWAYS DR KEY LARGO, FL 33037			Mailing Address C/O BY THE NUMBERS, INC. 3636 EL SEGUNDO CT. NAPLES, FL 34109		
2. Principal Place of Business		3. Mailing Address 5505 OLD WALLAND HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State WALLAND, TN			
Zip	Country	Zip 37886	Country	4. FEI Number 02-0533535	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ATON, ANNE K C/O BY THE NUMBERS, INC. 3636 EL SEGUNDO CT. NAPLES, FL 34109			7. Name and Address of New Registered Agent Name TERRI SUTTON Street Address (P.O. Box Number is Not Acceptable) 419 S.E. 13TH AVE. City CAPE CORAL FL Zip Code 33990		
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: <u><i>Terri Sutton</i></u> TERRI SUTTON, REG. AGENT DATE: 4-5-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P REED, MARTIN A 65 WATERWAYS DR KEY LARGO, FL 33037 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, MARY E 65 WATERWAYS DR KEY LARGO, FL 33037 <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 exemptions contained in Chapter 119, 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: <u><i>Martin A. Reed</i></u>		MARTIN A. REED, PRES.		Date: 4-31-06 Daytime Phone #: 865-235-6225	