




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90055 033 \*\*\*150.00

<b>DOCUMENT # P02000023166</b> 1. Entity Name <b>REYNOLDS CONCRETE FINISHING, INC.</b>					
Principal Place of Business <b>2315 GARDEN CHASE DRIVE LAKELAND, FL 33813</b>			Mailing Address <b>2315 GARDEN CHASE DRIVE LAKELAND, FL 33813</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>03-0409539</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>REYNOLDS, NICOLE M 500 S. FLORIDA AVENUE #330 LAKELAND, FL 33801</b>			7. Name and Address of New Registered Agent Name <b>Nicole M. Reynolds</b> Street Address (P.O. Box Number is Not Acceptable) <b>187 Lake Morton Dr. Lakeland</b> City <b>FL</b> Zip Code <b>33801</b>		
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 <b>3-25-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<b>D</b> <b>REYNOLDS, ROBERT E</b> <b>2315 GARDEN CHASE DRIVE</b> <b>LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>L. LESTER REYNOLDS</b> <b>617 MORGAN ROAD</b> <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-25-04</b> Daytime Phone # <b>863-647-0025</b>		

**Robert E. Reynolds**