## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P02000068070** ANTONIO REYES ENTERPRISES, INC. Principal Place of Business Mailing Address 911 NORTH BLVD. W P O BOX 484 LEESBURG, FL 34748 MOULTRIE, GA 31776 04172008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 03-0461109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent REYES, ANTONIO DO NOT WRITE 2600 WESTSIDE DRIVE IN THIS SPACE LEESBURG, FL 34748 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME REYES, ANTONIO STREET ADDRESS 2600 WESTSIDE DRIVE CITY-ST-ZIP LEESBURG, FL 34748 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.