2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

. ANNUAL REPORT (AR)						
DOCUMENT # P02000078954 1. Entity Name GARY REEVES CONSTRUCTION INC.					FILED	
					07 MAY -1 PM 2: 26	
Principal Plac 9433 GAMB MONTICELL		Mailing Address 9433 GAMBLE ROAD MONTICELLO FL 32344			TOTAL TAKE OF STATE	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			. 185/237 11 55118 1421 5511 5511 5511 5511 5511 5511 5511	
Suite, Apt. #, etc.		Suite, Apt. #, olc.			1st MOORE CR2E034 (10/06)	
City & State		City & State			4. FEI Number 61-1420800 Applied For Not Applicable	e
Zip	Country Zip Cou		Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required	-
6. Name and Address of C		rent Registered Agent			7. Name and Address of New Registered Agent	ᅥ
				Name		П
943	VES, GARY A 3 GAMBLE ROAD NTICELLO FL 32344			Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	_
The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.						i
SIGNATURE Signature, typed or pauled name of registered agent and tide if applicable. (NOTE, Registered Agent signature register when remissions) DATE						
	ILE NOW!!! FEE IS \$150.00	and the Lappineadle. [NOT	E. Negrstere	a Agent signature reduze		\dashv
After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	'
10.	OFFICERS AND				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ᅱ
UIII.	S	☐ Delete	100		Change Addition	n
NAME	DAGE CAMBLE DD		NAM	1		ı
STREET ADDRESS CITY-ST-ZIP	9481 GAMBLE RD	MONTICELLO EL 2004		ET AODRESS		
	P	П-:	-	· S1-7)P		4
TITLE	REEVES, GARY A SR.	☐ Delele	111U NAMI		☐ Change ☐ Addition	'
STREET ADDRESS	9433 GAMBLE RD			ELADDRESS		
CHY-S1-AP	MONTICELLO FL 32344		CITY	- ST-7IP		i
TITLE NAME STREET ADDRESS CITY-S1-ZIP	- Mst.	☐ Delete	•		300101621025 Change ☐ Addition 05/04/0701050010 **150.00	1
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NAME	1		NAM			
STREEL ADDRESS CITY-ST-ZIP			•	FT ADDRESS - S1- ZIP		
INU		☐ Delele	THU		☐ Change ☐ Addition	a
NAME STREET ADDRESS			NAMI S1RI	I. EL ADDRESS		
CITY-S1-ZIP				- SI-7IP		
31111		Delete	JULI		☐ Change ☐ Addition	\exists
NAMC.			NAM	r		
STREET ADDRESS				L I ADDRESS		
CIIY-SI-7IP	Cordify that the information expelled wi	th this filing does not such		-SI-7IP	od in Caption 110 Florida Clatetes Leather and Callet the Advantage of	4
iz. Ingreby (zerny mai ine information supplied wi	or one aming does not quality.	or trie ex	compaons containe	ed in Section 119, Florida Statutes. I further certify that the information	- 1

indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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: Jan A True of Printed Name of Signing Officer on Director

4-27-07 550-997
Date Drylline Phone # \$350