

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P02000092195	
1. Entity Name REYNOLDS REAL ESTATE, INC.	

Principal Place of Business 1900 NW 32 STREET SUITE B POMPAÑO BEACH, FL 33064 US	Mailing Address 1900 NW 32 STREET SUITE B POMPAÑO BEACH, FL 33064 US
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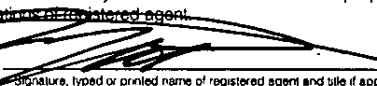
03122007 No Chg-P CR2E034 (11/05)

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4. FEI Number 30-0131783	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REYNOLDS, MATTHEW P 1900 NW 32 STREET SUITE B POMPAÑO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

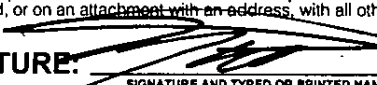
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of a registered agent.
SIGNATURE  MATTHEW P. Reynolds 04.16.07 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYNOLDS, MATTHEW P 2797 NE 26 AVE POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/28/07-80003-025 150.00

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:  MATTHEW P. Reynolds 4.16.07 (954) 942-9444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #