

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P02000119419

1. Entity Name
REEVE ASSET MANAGEMENT COMPANY



Principal Place of Business
9197 MAGNOLIA COURT
FORT LAUDERDALE, FL 33328

Mailing Address
9197 MAGNOLIA COURT
FORT LAUDERDALE, FL 33328



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2301102

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REEVE, STEPHEN E
9197 MAGNOLIA COURT
FORT LAUDERDALE, FL 33328

**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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000883326
04/16/08-80077-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REEVE, STEPHEN E
STREET ADDRESS	9197 MAGNOLIA COURT
CITY- ST- ZIP	FORT LAUDERDALE, FL 33328
TITLE	TS
NAME	REEVE, ROBIN A
STREET ADDRESS	9197 MAGNOLIA COURT
CITY- ST- ZIP	FORT LAUDERDALE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Stephen E. Reeve
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08

Date

954-
325-6654

Daytime Phone #