04/26/2005 15:21 863-533-6480 CATHY PARKER

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90540 023 ***158.75

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000009651

1. Entity Name
REILLY ENTERPRISES INC.

Principal Place of Business	Mailing Address
2000 E EDGEWOOD DRIVE SUITE 212 LAKELAND, FL 33813 US	2000 E EDGEWOOD DRIVE SUITE 212 LAKELAND, FL 33813 US

2. Principal Place of Business	3. Mailing Address
4015 Greystone Dr.	4015 Greystone Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Clermont, Fl	Clermont, Fl
Zip: 34711 Country: US	Zip: 34711 Country: US

4. FEI Number: 16-1652057 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REILLY, RANDY R 4015 GREYSTONE DRIVE CLERMONT, FL 34771	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	VP REILLY, RANDY R 4015 GREYSTONE DRIVE CLERMONG, FL 34771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/27/05 (352)241-6009
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR — Date — Daytime Phone #