

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000036312	
1. Entity Name E. W. RESHARD, INC.	



FILED
05 JAN 13 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/3/04 90754 029 \$150.00

Principal Place of Business 5729 N.W. 27TH TERRACE GAINESVILLE, FL 32653	Mailing Address 5729 N.W. 27TH TERRACE GAINESVILLE, FL 32653 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04222004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0700681	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RESHARD, ERROL W 5729 N.W. 27TH TERRACE GAINESVILLE, FL 32653	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESHARD, ERROL W 5729 N.W. 27TH TERRACE GAINESVILLE, FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Errol W Reshard</u>	7-29-04	386-454-7399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

COMPU-FAST 2, INC.
640 N.E. SANTA FE BLVD.
HIGH SPRINGS, FLORIDA 32643

JANUARY 10, 2005

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: E.W. RESHARD, INC.
#P03000036312

DEAR SIR:

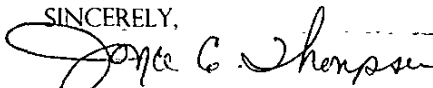
ATTACHED IS A COPY OF THE ANNUAL REPORT FOR THE ABOVE MENTIONED CORPORATION. THE REPORT HAD BEEN RETURNED TO MR. RESHARD BECAUSE THE FEI # HAD BEEN OMITTED. WE INCLUDED THE NUMBER AND RETURNED THE PAPERWORK TO YOUR OFFICE.

MR. RESHARD HAS BEEN UNDER TREATMENT FOR LUKEMIA FOR THE PAST YEAR AND FAILED TO FOLLOW UP ON WHETHER YOU HAD RECEIVED HIS ANNUAL REPORT. HE BUSINESS HAS BEEN KEPT UP BY RELATIVES AND FRIENDS UNTIL SUCH TIME THAT HE WAS ABLE TO TAKE OVER AGAIN. HE RECENTLY FOUND A NOTICE OF DISSOLUTION, FROM THE DIVISION OF CORPORATIONS AND WAS UNAWARE THAT IT HAD BEEN RECEIVED.

PLEASE CHECK YOUR RECORDS FOR US. THE \$150.00 FILING FEE WAS ACCEPTED AND DEPOSITED. WE ASK THAT YOU REINSTATE E.W. RESHARD, INC. THE FORM WAS FILED IN TIMELY MANNER, AND DUE TO MR. RESHARDS ILLNESS THERE WAS NO FOLLOW UP.

THANK YOU FOR YOUR ASSISTANCE IN THIS MANNER.

SINCERELY,



JOYCE C. THOMPSON
ACCOUNT SPECIALIST
COMPU-FAST, INC.