


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90040 037 \*\*\*150.00

**DOCUMENT # P03000045729**

1. Entity Name  
**REED, HENZELL & SHOTT FINANCIAL SERVICES, INC.**



Principal Place of Business <b>2415 SOUTH BABCOCK STREET          SUITE E          MELBOURNE, FL 32901</b>	Mailing Address <b>2415 SOUTH BABCOCK STREET          SUITE E          MELBOURNE, FL 32901</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01202004 Chg-P CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

~~SHOTT, CAROLYN J~~  
**2415 SOUTH BABCOCK STREET  
 SUITE E  
 MELBOURNE, FL 32901**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHOTT, CAROLYN J</b> <b>2415 SOUTH BABCOCK STREET, STE. E</b> <b>MELBOURNE, FL 32901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HENZELL, JANNINE M</b> <b>2415 SOUTH BABCOCK STREET, STE. E</b> <b>MELBOURNE, FL 32901</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>REED, RHONDA K</b> <b>2415 SOUTH BABCOCK STREET, STE. E</b> <b>MELBOURNE, FL 32901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA</b> <b>HENZELL, JANNINE M</b> <b>2415 SOUTH BABCOCK STREET, STE. E</b> <b>MELBOURNE, FL 32901</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Rhonda K Reed</b> <b>2415 S. Babcock Street, Ste E</b> <b>Melbourne, FL 32901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec</b> <b>Shott, Carolyn J</b> <b>2415 S. Babcock Street, Ste E</b> <b>Melbourne, FL 32901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trea</b> <b>Reed, Rhonda K</b> <b>2415 S. Babcock St, Ste E</b> <b>Melbourne, FL 32901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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:** *Rhonda K Reed* **321-** 20 Jan 04 **676-3306 ext 14**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #