P03000045729

(Requ	uestor's Name)	
. (Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ıment Number))
Certified Copies	Certificate	s of Status
Canalal Instructions to Ei	line Officer	
Special Instructions to Fi	iing Onicer.	





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01/14/05--01018--007 **35.00



DFF. Person

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Reed + Shot Financial Services. Inc (Name of Corporation)
DOCUMENT NUMBER: P030000 45729
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carolyn J Shott
Carolyn J. Shott Financial Services, Inc.
1614 Glenridge St. NW (Address)
Palm Bay FL 32907 (City/State and Zip Code)
For further information concerning this matter, please call:
Cambra T Shot at (371) 676 3306 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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Mark Compa

i, Rhonda Reed	, hereby resign as	VP a	nd Treasur
of Reed + Shott	Francial Seri	lices,	Inc.
P0300045729 (Document Number, if known)	_, a corporation organized und	er the laws of	the State of
Florida	 •		
	ignature of resigning officer directo	or)	FILED 05 JAN 14 AM 8: 32 SECRETARY OF STATE TALLAHASSEE FLORESS

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314