

2004 FOR PROFIT CORPORATE ANNUAL REPORT (A)

DOCUMENT # PG3000056081

1. Entity Name

SCOTT T. REER, INC.



MAR 22 PM 4:02

TALLAHASSEE, FLORIDA

Principal Place of Business: 4245 WEATHERWOOD ESTATES DRIVE JACKSONVILLE FL 32223
 Mailing Address: 4245 WEATHERWOOD ESTATES DRIVE JACKSONVILLE FL 32223

2. Principal Place of Business: 3611 ST Johns Bluff
 3. Mailing Address: [Blank]
 Suite, Apt. #, etc.: [Blank] Suite, Apt. #, etc.: [Blank]
 City & State: Jacksonville FL City & State: [Blank]

Zip: 32246 Country: [Blank] Zip: [Blank] Country: [Blank]



MOORE CR2E034 (11/03)
 03/10/04 90025 026 \$150.00
 4. FEI Number: 86-1063526 Applied For: [Blank] Not Applicable: [Blank]

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

6. Name and Address of Current Registered Agent: REER, SCOTT T 4245 WEATHERWOOD ESTATES DRIVE JACKSONVILLE FL 32223
 7. Name and Address of New Registered Agent: [Blank]
 Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 City: [Blank] FL Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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: D NAME: REER, SCOTT T STREET ADDRESS: 4245 WEATHERWOOD ESTATES DRIVE CITY-ST-ZIP: JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: Secretary (S) NAME: Reer Denise STREET ADDRESS: 4245 Weatherwood Est Dr CITY-ST-ZIP: Jacksonville FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other data empowered.

SIGNATURE: [Signature] DATE: 2-25-04