

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000069733

1. Entity Name

REID CONSTRUCTION INC.



**FILED
Feb 27, 2006 8:00 am
Secretary of State**

02-27-2006 90090 039 ***150.00



1st MOORE CR2E034 (10/05)

| | | | |
|---|-----------------------|--|-----------------------|
| Principal Place of Business 158 DICKIE WAY TAVERNIER FL 33070 US | | Mailing Address 158 DICKIE WAY TAVERNIER FL 33070 US | |
| 2. Principal Place of Business 247 BAY DRIVE | | 3. Mailing Address 247 BAY DRIVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State KEY LARGO, FL | | City & State KEY LARGO, FL. | |
| Zip 33037 | Country USA | Zip 33037 | Country USA |
| 6. Name and Address of Current Registered Agent ASHBY, BYRON R 158 DICKIE WAY TAVERNIER FL 33070 | | 7. Name and Address of New Registered Agent Name BYRON R. ASHBY Street Address (P.O. Box Number is Not Acceptable) 247 BAY DRIVE City KEY LARGO FL 33037 | |

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 translating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP | P ASHBY, BYRON R 158 DICKIE WAY TAVERNIER FL 33070 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ASHBY, BYRON R. 247 BAY DRIVE KEY LARGO, FL 33037 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECR ASHBY, NANCY G 158 DICKIE WAY TAVERNIER FL 33070 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECR ASHBY, NANCY G. 247 BAY DRIVE KEY LARGO, FL 33037 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Nancy Ashby* NANCY ASHBY SECR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06 305451-1907
Daytime Phone #