


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90035 017 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P03000083091</b>   |   |   |   |  |  |
| <b>1. Entity Name</b><br>REED & REED, INC  |   |   |   |   |  |
| <b>Principal Place of Business</b><br>353 NORTH SWINTON<br>DELRAY BEACH, FL 33444  |   |   | <b>Mailing Address</b><br>1150 SW 15TH STREET<br>BOCA RATON, FL 33486             |   |  |
| <b>2. Principal Place of Business</b>  |   |   | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.   |   |  |
| City & State   |   |   | City & State  |   |  |
| Zip  | Country   | Zip   | Country   |   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |   | <b>7. Name and Address of New Registered Agent</b>                                |   |  |
| REED, IRENE P<br>1150 SW 15TH STREET<br>BOCA RATON, FL 33486   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>   |   |   |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>REED, BRUCE K<br>1000 SW 14TH DRIVE<br>BOCA RATON, FL 33486 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>REED, RICHARD S<br>1150 SW 15TH STREET<br>BOCA RATON, FL 33486 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>REED, VICKIE W<br>1000 SW 14TH DRIVE<br>BOCA RATON, FL 33486 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>REED, IRENE P<br>1150 SW 15TH STREET<br>BOCA RATON, FL 33486 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |  |
| <b>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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b> <i>Irene Patricia Reed</i>   |   | 2-11-04   |   | 301 392 5473  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date</small>   |   | <small>Daytime Phone #</small>  |  |



02112004 Chg-P CR2E034 (10/03)

**4. FEI Number** 65075 62455 ☐ **Applied For**  
☐ **Not Applicable**

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

J4000000