


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90076 011 \*\*\*150.00

<b>DOCUMENT # P03000099630</b>	
1. Entity Name REEF BOOKS, INC.	

Principal Place of Business 30 FISHING VILLAGE DR. NORTH KEY LARGO, FL 33037	Mailing Address 35 FISHING VILLAGE DR. NORTH KEY LARGO, FL 33037 <i>24 Dock Side W. PMB 195</i> 3 Fishing Village Dr.
--	---

50008140

2. Principal Place of Business 3 Fishing Village Dr.	3. Mailing Address 3 Fishing Village Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01202005 Chg-P CR2E034 (10/03)

City & State North Key Largo, FL	City & State North Key Largo, FL
Zip 33037	Zip 33037
Country	Country

4. FEI Number 20-0222902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BALWANT CHEEMA, P.A. 4160 W. 16TH AVENUE STE 309 HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name <i>Bruce ELLIOTT</i> Street Address (P.O. Box Number is Not Acceptable) <i>24 Dock Side W. PMB 195</i> City <i>Key Largo</i> FL Zip Code <i>33037</i>
--	--

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 *Bruce W. ELLIOTT* *Bruce Elliott* 1-27-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD ELLIOTT, BRUCE W 35 FISHING VILLAGE DR. NORTH KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ELLIOTT, KIM 35 FISHING VILLAGE DR. NORTH KEY LARGO, FL 33037 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Bruce W. Elliott* *Bruce W. ELLIOTT* 1-27-05 305-367-0002  
Signature and typed or printed name of signing officer or director Date Daytime Phone #