

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000113732

1. Entity Name
BRUCE REED INTERIOR TRIM, INC.



FILED
05 APR 26 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2098 STALLION AVENUE
TALLAHASSEE, FL 32305 US

Mailing Address
2098 STALLION AVENUE
TALLAHASSEE, FL 32305 US



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0106699 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~COX, MARANDA M~~
~~343 CHADEVILLE HWY.~~
~~CRAWFORDVILLE, FL 32327~~

Sue Preacher
1177 Oakridge Road West
Woodville FL 32362

**DO NOT WRITE
IN THIS SPACE**

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

Sue Preacher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-2005

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REED, BRUCE A
2098 STALLION AVENUE
TALLAHASSEE, FL 32305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500053838515
05/04/05--01047--015 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 A. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05 *850-508-8836*
Date Daytime Phone #