


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90088 049 \*\*\*150.00

<b>DOCUMENT # P03000128429</b>					
1. Entity Name <b>REICHERTER &amp; CO. GENERAL CONTRACTORS INC.</b>					
Principal Place of Business <b>11671 BRADY ROAD JACKSONVILLE FL 32223</b>			Mailing Address <b>11671 BRADY ROAD JACKSONVILLE FL 32223</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>45-0527555</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>REICHERTER, JAMES A 11671 BRADY ROAD JACKSONVILLE FL 32223</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
TITLE	PSD	<input type="checkbox"/> Delete			
NAME	REICHERTER, JAMES A				
STREET ADDRESS	11671 BRADY ROAD				
CITY - ST - ZIP	JACKSONVILLE FL 32223				
TITLE	VTD	<input type="checkbox"/> Delete			
NAME	REICHERTER, DAWN E				
STREET ADDRESS	11671 BRADY ROAD				
CITY - ST - ZIP	JACKSONVILLE FL 32223				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
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NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

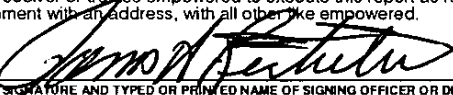


1st MOORE

CR2E034 (10/04)

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:**



**JAMES A. REICHERTER FEB. 21, 2005**

904-716-4017  
Date Daytime Phone #