


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000140604
1. Entity Name
REES GRADING, INC.



Principal Place of Business: 2245 MEADOWBROOK DR, LUTZ, FL 33558
Mailing Address: 2245 MEADOWBROOK DR, LUTZ, FL 33558

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)
4. FEI Number: 51-0488222 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REES, MARK W
2245 MEADOWBROOK DR
LUTZ, FL 33558

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	P
NAME	REES, MARK W
STREET ADDRESS	2245 MEADOWBROOK DR
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	V
NAME	REES, LENORE F
STREET ADDRESS	2245 MEADOWBROOK DR
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: MARK REES 1-19-05 813 3633885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #