

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142008

FILED  
May 24, 2004  
Secretary of State

Entity Name: HEATH A REYNOLDS, INC.

## Current Principal Place of Business:

357 CR 487  
LAKE PANASOFFKEE, FL 33538

## New Principal Place of Business:

## Current Mailing Address:

357 CR 487  
LAKE PANASOFFKEE, FL 33538

## New Mailing Address:

FEI Number: 54-2133663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REYNOLDS, HEATH A  
357 CR 487  
LAKE PANASOFFKEE, FL 33538

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: REYNOLDS, HEATH A  
Address: 357 CR 487  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: VD ( ) Delete  
Name: REYNOLDS, CHRISTOPHER  
Address: 357 CR 487  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CO ( ) Change (X) Addition  
Name: MARTIN, FRED R  
Address: 2453 CR 520  
City-St-Zip: SUMTERVILLE, FL 33585

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATH REYNOLDS

PD

05/24/2004

Electronic Signature of Signing Officer or Director

Date