

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90111 046 ***150.00

DOCUMENT # P03000143025

1. Entity Name

JEFFREY C. REILLY, INC.



Principal Place of Business

7701 CYPRESS TRACE CT.
NEW PORT REICHEY FL 34653

Mailing Address

7701 CYPRESS TRACE CT.
NEW PORT REICHEY FL 34653

2. Principal Place of Business

8718 MAGNUM CT.

Suite, Apt. #, etc.

3. Mailing Address

8718 MAGNUM CT.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

New Port Richey FL

City & State

N.P.R. FL

4. FEI Number

55-0853058

Applied For

Not Applicable

Zip

34655

Country

PASCO

Zip

34655

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REILLY, JEFFREY C.
7701 CYPRESS TRACE CT.
NEW PORT REICHEY FL 34653

New
ADDRESS →

7. Name and Address of New Registered Agent

Name JEFFREY C. REILLY, INC.

Street Address (P.O. Box Number is Not Acceptable)
8718 MAGNUM CT.

New Port Richey

City FL 34655

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

JEFFREY C. REILLY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jeffrey C. Reilly

4/11/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME REILLY, JEFFREY C
STREET ADDRESS 7701 CYPRESS TRACE CT.
CITY-ST-ZIP NEW PORT REICHEY FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey C. Reilly

4/11/06