

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000012387

1. Entity Name

C.A. REYNOLDS CONSTRUCTION, INC.



Principal Place of Business

3030 MAGNOLIA AVE.
PENSACOLA, FL 32503 US

Mailing Address

3030 MAGNOLIA AVE.
PENSACOLA, FL 32503 US



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0641256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, ALLISON A
3030 MAGNOLIA AVE.
PENSACOLA, FL 32503

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME REYNOLDS, CHRISTOPHER M
STREET ADDRESS 3030 MAGNOLIA AVE.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE V
NAME REYNOLDS, ALLISON A
STREET ADDRESS 3030 MAGNOLIA AVE.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE T
NAME WHEELER, STANLEY G
STREET ADDRESS 3820 W LEE ST
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE S
NAME KENNEDY, JOSEPH M
STREET ADDRESS 8755 SCENIC HIGHWAY
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000932467
05/22/08-80056-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

04-24-2008
Date Daytime Phone #