2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90047 024 ***150.00

2.

DOCUMENT # P04000026176

1. Entity Name
REYNOLDS A/C INC.

Principal Place of Business	Mailing Address
2144 45TH AVE N ST PETERSBURG, FL 33714	2144 45TH AVE N ST PETERSBURG, FL 33714

66004304

01152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2144 45TH AVE N	2144 45TH AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Pete. Fl	City & State: St. Pete Fl
Zip: 33714 Country: U.S.A.	Zip: 33714 Country: U.S.A.

4. FEI Number 06-1721166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, DENNIS
2144 45TH AVENUE N
ST PETERSBURG, FL 33714

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
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dennis B. Reynolds 2144 45th Ave N St. Pete Fl 33714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Dennis B. Reynolds DENNIS B REYNOLDS 2/12/05 (727) 365-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #