2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90047 022 ***150.00

50030529

02242005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000031241

1. Entity Name
KATHERINE L. REYNOLDS, P.A.

Principal Place of Business	Mailing Address
3697 NORTH SHERWOOD CIRCLE COCOA, FL 32926	3697 NORTH SHERWOOD CIRCLE COCOA, FL 32926

2. Principal Place of Business	3. Mailing Address
3697 N. SHERWOOD CIR	3697 N SHERWOOD CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCOA FLORIDA	City & State: COCOA FLORIDA
Zip: 32926 Country: BREVARD	Zip: 32926 Country: BREVARD

4. FEI Number 34-1980502 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REYNOLDS, KATHERINE L
3697 NORTH SHERWOOD CIRCLE
COCOA, FL 32926

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 ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD REYNOLDS, KATHERINE L 3697 NORTH SHERWOOD CIRCLE COCOA, FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____________ KATHERINE L REYNOLDS 3/22/05 321-258-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
P04000031241

500305 29

OPTION 3 - ***Receive a form by mail*** - *Allow up to 28 days total processing time.*

- *Detach this postcard.*
- *Enter address to mail report to, if different from preprinted address.*
- *Affix postage on reverse side and mail.*

Document # **P04000031241**

KATHERINE L. REYNOLDS, P.A.
3697 NORTH SHERWOOD CIRCLE
COCOA FL 32926-4481

95 RICHLAND AVENUE
MERRITT ISLAND FL
32953

CR2E095 10/04