


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90026 026 ***150.00

DOCUMENT # P04000050189		
1. Entity Name REED'S CONSTRUCTION SERVICES INC		

Principal Place of Business 1841 FALLING STAR LANE LUTZ, FL 33549 US	Mailing Address 1841 FALLING STAR LANE LUTZ, FL 33549 US
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2. Principal Place of Business 11911 Fawn Dale Dr	3. Mailing Address PO Box 447
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Riverview FL	City & State Riverview FL
Zip 33569	Zip 33568
Country Hillsborough	Country Hills-



01112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent REED, HEATHER 1841 FALLING STAR LANE LUTZ, FL 33549		7. Name and Address of New Registered Agent Name Heather Reed Street Address (P.O. Box Number is Not Acceptable) 11911 Fawn Dale Dr City Riverview FL Zip Code 33569	
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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  (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REED, HEATHER		NAME	
STREET ADDRESS 1841 FALLING STAR LANE	PO Box 447	STREET ADDRESS	
CITY-ST-ZIP LUTZ, FL 33549	Riverview FL 33568	CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REED, DARRELL		NAME	
STREET ADDRESS 1841 FALLING STAR LANE	PO Box 447	STREET ADDRESS	
CITY-ST-ZIP LUTZ, FL 33549	Riverview FL 33568	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  1-28-05 8136018683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #