

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90092 040 ***150.00

DOCUMENT # P04000065111

1. Entity Name
REEDY'S FRAMES AND PAINTINGS, INC.



Principal Place of Business
**14850 SE 73RD AVE
SUMMERFIELD, FL 34491**

Mailing Address
**14850 SE 73RD AVE
SUMMERFIELD, FL 34491**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132007 Chg-P CR2E034 (12/06)

4. FEI Number
55-0862990

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REEDY, NELSON W
14850 SE 73RD AVE
SUMMERFIELD, FL 34491**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REEDY, NELSON	
STREET ADDRESS	14850 SE 73RD AVE	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REEDY, MARY E	
STREET ADDRESS	14850 SE 73RD AVE	
CITY-ST-ZIP	SUMMERFIELD,	
TITLE	OD	<input type="checkbox"/> Delete
NAME	REEDY, DAVID	
STREET ADDRESS	14850 SE 73RD AVE	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	OD	<input type="checkbox"/> Delete
NAME	READY, WAYNE W	
STREET ADDRESS	15100 SE 73RD AVE	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Nelson Wayne Reedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

Date

352 245-3260

Daytime Phone #