2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000097675

1. Entity Name
JEFF REESE HOME REPAIRS, INC.

REINSTATEMENT 08

Principal Place of Business	Mailing Address
2155 LACOURT LANE MALABAR, FL 32950	2155 LACOURT LANE MALABAR, FL 32950

DO NOT WRITE IN THIS SPACE

07232008 No Chg-P CR2E034 (11/05)

4. FEI Number
35-2234065
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REESE, KAREN D
2155 LACOURT LANE
MALABAR, FL 32950

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

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REESE, JEFFERSON W
STREET ADDRESS	2155 LACOURT LANE
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	D
NAME	REESE, KAREN D
STREET ADDRESS	2155 LACOURT LANE
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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X 11/3

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: Jefferson Wayne Reese 7/24/08 321-409-6277
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

From The Desk Of
ALLEN W. LLOYD, CPA
5005 N. WICKHAM RD. (#101)
MELBOURNE, FL 32940

Ph. 321-757-4001
Fax 321-757-4002

COPY COPY

Sep.16, 2008

Division of Corporations:

Please note that this Form has already been filed along with a check for $150.00. The officers of this corporation are asking that the penalty be waived as he never received notice that the form or the fee was due. I will explain to him how & what is expected in the future so that we can try to eliminate this problem. Also, he does not have a computer. Thank you.

COPY Allen W. Lloyd, CPA