

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000106243

Entity Name: MICHAEL L. REED, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1607 UPPER CODY RD.  
WACISSA, FL 32361

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 105  
WACISSA, FL 32361

**New Mailing Address:**

FEI Number: 20-1424490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REED, DENISE G VP  
1607 UPPER CODY ROAD  
WACISSA, FL 32361 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: REED, MICHAEL L  
Address: 1607 UPPER CODY RD.  
City-St-Zip: WACISSA, FL 32361

Title: VSD  
Name: REED, DENISE  
Address: 1607 UPPER CODY RD.  
City-St-Zip: WACISSA, FL 32361

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENISE REED

VP

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date