

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90045 013 ***150.00

40019700



02162005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1732539** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P04000141239

1. Entity Name
REYNOLDS AND GREGORY FINANCIAL SERVICES, INC.



Principal Place of Business
**85262 SHINNECOCK HILLS DR.
FERNANDINA BEACH, FL 32034**

Mailing Address
**85262 SHINNECOCK HILLS DR.
FERNANDINA BEACH, FL 32034**

2. Principal Place of Business
309 1/2 CENTRE STREET
Suite, Apt. #, etc.
SUITE 205
City & State
FERNANDINA BEACH, FL
Zip
32034 Country
USA

3. Mailing Address
309 1/2 CENTRE STREET
Suite, Apt. #, etc.
SUITE 205
City & State
FERNANDINA BEACH, FL
Zip
32034 Country
USA

6. Name and Address of Current Registered Agent
**HUPPMANN, JEAN M
910 S. 8TH STREET
100A
FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent
Name
ALLAN REYNOLDS
Street Address (P.O. Box Number is Not Acceptable)
309 1/2 CENTRE STREET
SUITE 205
City
FERNANDINA BEACH **FL** Zip Code
32034

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 *Allan Reynolds* **ALLAN REYNOLDS** **PRESIDENT** **2/16/05**
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, 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	P REYNOLDS, ALLAN 85262 SHINNECOCK HILLS DR. FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 309 1/2 CENTRE STREET, SUITE 205 FERNANDINA BEACH, FL 32034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Allan Reynolds* **ALLAN REYNOLDS** **2/16/05** **904-261-2525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #