2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000153941** 03-25-2005 90029 038 ***150.00 1. Entity Name REYNOLDS INVESTMENTS, INC. Principal Place of Business Mailing Address **4000000** 701 SOMERSTONE DRIVE 701 SOMERSTONE DRIVE VALRICO, FL 33594 VALRICO, FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 CR2E034 (10/03) City & State Applied For City & State 4. FE] Number 20-1854442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----REYNOLDS, TODD SR. Street Address (P.O. Box Number is Not Acceptable) 701 SOMERSTONE DRIVE VALRICO, FL 33594 City Zip Code FL 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPS Change ☐ Addition TITLE ☐ Delete THLE REYNOLDS, TODD SR. NAME NAME 701 SOMERSTONE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-7IP DVPT ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME REYNOLDS, AMY NAME STREET ADDRESS 701 SOMERSTONE DRIVE STREET ADDRESS VALRICO, FL 33594 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME - -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. I hereby certify that the information supplied with this filling 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:

FILED