


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90152 019 ***150.00

DOCUMENT # P04000153941 1. Entity Name REYNOLDS INVESTMENTS, INC.			
Principal Place of Business 701 SOMERSTONE DRIVE VALRICO, FL 33594		Mailing Address 701 SOMERSTONE DRIVE VALRICO, FL 33594	
2. Principal Place of Business 2816 McWetherbee Lane Suite, Apt. #, etc.		3. Mailing Address 2816 McWetherbee Lane Suite, Apt. #, etc.	
City & State Plant City, FL		City & State Plant City, FL	
Zip 33566		Zip 33566	
Country		Country	
4. FEI Number 20-1854442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, TODD SR. 701 SOMERSTONE DRIVE VALRICO, FL 33594		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 <u><i>Todd M. Reynolds Sr.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>03-07-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPS REYNOLDS, TODD SR. 701 SOMERSTONE DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT REYNOLDS, AMY 701 SOMERSTONE DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete	2816 McWetherbee Ln. Plant City, FL 33566 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2816 McWetherbee Ln. Plant City, FL 33566	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	2816 McWetherbee Ln. Plant City, FL 33566	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Todd M. Reynolds Sr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>03/07/06</u> Daytime Phone # <u>813-541-1375</u>	