

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000043992

1. Entity Name
REED & ASSOCIATES, INC.



Principal Place of Business
28811 S TAMiami TRL
SUITE 7
BONITA SPRINGS, FL 34135

Mailing Address
28811 S TAMiami TRL
SUITE 7
BONITA SPRINGS, FL 34135

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2560560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMOUCÉ, ROBERT C
SAMOUCÉ, MORRELL & GAL, P.A.
5405 PARK CENTRAL COURT
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAYNE, THOMAS J 1147 MAPLE CIRCLE BROOMFIELD, CO 80020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RHODE, WILLIAM 28811 S TAMiami TRL STE 7 BONITA SPRINGS, FL 34135
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07/09/08-80002-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Bang Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239 948 8898