


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90047 025 \*\*\*150.00

<b>DOCUMENT # P05000063905</b> 1. Entity Name <b>SHANNON L REYNOLDS P.A.</b>					
Principal Place of Business <b>1012 E SILVER SPRINGS BLVD B6 OCALA, FL 34470</b>			Mailing Address <b>P O BOX 6914 OCALA, FL 34478</b>		
2. Principal Place of Business - No P.O. Box # <b>1012 E Silver Springs Blvd</b>		3. Mailing Address <b>1012 E Silver Springs Blvd</b>			
Suite, Apt. #, etc. <b>C3+C4</b>		Suite, Apt. #, etc. <b>C3+C4</b>			
City & State <b>Ocala FL</b>		City & State <b>Ocala FL</b>		4. FEI Number <b>20-3084055</b>	
Zip <b>34470</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REYNOLDS, SHANNON 601 NE 70TH TERRACE OCALA, FL 34470</b>			7. Name and Address of New Registered Agent Name <b>Shannon Reynolds</b> Street Address (P.O. Box Number is Not Acceptable) <b>4430 SE 47th Place</b> City <b>Ocala</b> <b>FL</b> <b>34480</b>		
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>Shannon Reynolds</i></u> <b>Shannon Reynolds</b> <b>2/13/07</b> <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D REYNOLDS, SHANNON <input type="checkbox"/> Delete <b>1012 E SILVER SPRINGS BLVD B6 OCALA, FL 34470</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reynolds, Shannon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1012 E Silver Springs Blvd C3+C4 Ocala FL 34470</b>	
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	
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	
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	
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	
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 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, without other like empowered.					
SIGNATURE: <u><i>Shannon Reynolds</i></u> <b>Shannon Reynolds</b> <b>2/13/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					