


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90184 041 \*\*\*150.00

<b>DOCUMENT # P05000094667</b>	
<b>1. Entity Name</b> JIM REICHLE, INC.	

<b>Principal Place of Business</b> 2256 WINSLOW CIR CASSELBERRY, FL 32707	<b>Mailing Address</b> 2256 WINSLOW CIR CASSELBERRY, FL 32707
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<b>2. Principal Place of Business</b> 271 BALD EAGLE RUN Suite, Apt. #, etc.	<b>3. Mailing Address</b> 271 BALD EAGLE RUN Suite, Apt. #, etc.
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<b>City &amp; State</b> LAKE MARY, FL	<b>City &amp; State</b> LAKE MARY, FL
<b>Zip</b> 32746	<b>Country</b> SEMINOLE
<b>Zip</b> 32746	<b>Country</b> SEMINOLE

40006103



04122006 Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 83-0434902	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> REICHLE, JAMES 2256 WINSLOW CIR CASSELBERRY, FL 32707	<b>7. Name and Address of New Registered Agent</b> Name: REICHLE, JAMES Street Address (P.O. Box Number is Not Acceptable): 271 BALD EAGLE RUN City: LAKE MARY FL Zip Code: 32746
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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:  JAMES REICHLE 4/12/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!! FEE IS \$150.00/</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHLE, JAMES 2256 WINSLOW CIR CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P REICHLE, JAMES 271 BALD EAGLE RUN LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input checked="" 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
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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 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:  JAMES REICHLE 4/12/06 407-718-9319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #