

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90020 040 ***158.75

DOCUMENT # P05000138725

1. Entity Name
REED BUILDING & CONSTRUCTION SERVICES, INC.



Principal Place of Business
**2236 N. CYPRESS BEND DRIVE
#505
POMPANO BEACH, FL 33069**

Mailing Address
**2236 N. CYPRESS BEND DRIVE
#505
POMPANO BEACH, FL 33069**

50003711



2. Principal Place of Business

3. Mailing Address

4282 BRANDYWINE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242006

Chg-P

CR2E034 (11/05)

City & State

City & State

BOCA RATON, FL

4. FEI Number

51-0556236

Applied For

Not Applicable

Zip

Country

Zip

33487

Country

US

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, ROBERT R
2236 N. CYPRESS BEND DRIVE
#505
POMPANO BEACH, FL 33069**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ENSELME, ROBERT
STREET ADDRESS 4282 BRANDYWINE DRIVE
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE VD ☐ Delete
NAME WILSON, ROBERT R
STREET ADDRESS 2236 N. CYPRESS BEND DRIVE #505
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **FOR SECRETARY**
STREET ADDRESS **JOANNE R. TRIVIZ**
CITY-ST-ZIP **4282 BRANDYWINE DR**
BOCA RATON, FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOANNE R. TRIVIZ SECRETARY 3/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

937-711-1112

X118