

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000031147

Entity Name: REAVES INC.

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3508 MARSTON DR.  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

3508 MARSTON DR.  
ORLANDO, FL 32812

**New Mailing Address:**

FEI Number: 26-0408762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORBETT, SCOTT R  
1501 W. COLONIAL DR.  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: MICHAEL, REAVES T  
Address: 3508 MARSTON DR  
City-St-Zip: ORLANDO, FL 32806 US

Title: SD  
Name: ANNICE, REAVES-ANFIN  
Address: 405 PARK MEADOWS  
City-St-Zip: CROWLEY, TX 76036

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL REAVES

D

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date