

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90037 031 ***150.00

DOCUMENT # P07000083193

1. Entity Name
D.E. REED AGENCY, INC.



Principal Place of Business
**2740 CREIGHTON RD.
PENSACOLA, FL 32504 US**

Mailing Address
**1751 4TH AVE SOUTH EAST
LEMARS, IA 51031**

50000744



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2316 CADDY SHACK LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008 Chg-P CR2E034 (12/06)

City & State

City & State
PENSACOLA FL

4. FEI Number
26-0971120

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**REED, DAVID E
2740 CREIGHTON RD.
PENSACOLA, FL 32504**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 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
**PSD
REED, DAVID E
1751 4TH AVE SOUTH EAST
LEMARS, IA 51031** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2316 CADDY SHACK LN
PENSACOLA FL 32526** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
REED, VONNIE K
1751 4TH AVE SOUTHEAST
LEMARS, IA 51031** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2316 CADDY SHACK LN
PENSACOLA FL 32526** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/08

Date

PSG-372-1184

Daytime Phone #