

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000023166

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** CL REECE AND ASSOCIATES, INC.

**Current Principal Place of Business:**

173 SE 5TH AVENUE  
#5  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

2515 EMORY DRIVE WEST  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

POST OFFICE BOX 6546  
DELRAY BEACH, FL 33482 US

**New Mailing Address:**

**FEI Number:** 27-2129680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REECE, CHARLA  
173 SE 5TH AVENUE  
#5  
DELRAY BEACH, FL 33483 US

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

REECE, CHARLA  
2515 EMORY DRIVE WEST  
C  
WEST PALM BEACH, FL 33415 US

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

04/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REECE, CHARLA  
Address: 2515 EMORY DRIVE WEST  
City-St-Zip: DELRAY BEACH,, FL 33415

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: CHARLA REECE

PRES

04/30/2011

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

\_\_\_\_\_  
Date