2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P14492

1. Entity Name

REEVES BROTHERS, INC.



Mailing Address

Principal Place of Business U.S. HIGHWAY 29, SOUTH

P.O. BOX 1898 SPARTANBURG, SC 29304 U.S. HIGHWAY 29, SOUTH P.O. BOX 1898

SPARTANBURG, SC 29304

FILED
Jan 31, 2006 08:00 AM
Secretary of State



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		AALZI I III		

01252006 No Chg-P CR2E034 (11/05)

4,	FEI Nu	mber	
	23-1	470071	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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	ove named entity submits this statement for the pligations of registered agent.	urpose of cha	anging its registered office of	or re	gistered agent, or both, in t	he State of Floric	ia. I am fa	miliar with	, and ac	cept
SIGNATUI	RE				. <u> </u>	1.1 注意 1.	_,			_
	Signature, typed or printed name of registered agent and fille	i soplicable,	(NOTE Registered Agent signs	ature `	required when reinstating)	<u>:q/=</u>	DATE			
	FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee will be \$550.00		in Campaign Financing Fund Contribution.	Ī	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS		-						
TITLE	D									

LIANG, KENNETH STREET ADDRESS 333 SOUTH GRAND AVE. - 28TH FLOOR CITY-ST-ZIP LOS ANGELES, CA 90071 TITLE HUSSMANN, GLEN A NAME P.O. BOX 1898,790 REEVES ST. STREET ADDRESS CITY-ST-ZIP SPARTANBURG, SC 29304 TITLE HALL, DANNY W NAME STREET ADDRESS PO BOX 1898, 790 REEVES ST SPARTANBURG, SC CITY-ST-ZIP TITLE NAME BERMAN, BRIAN STREET ADDRESS 1301 AVENUE OF THE AMERICAS - 34TH FLOOR CITY-ST-ZIP NEW YORK, NY 10019 TITLE DAVIS, EUGENE I STREET ADDRESS P.O. BOX 1898, 740 REEVE ST. CITY-ST-ZIP SPARTANBURG, SC 29304 TITLE GRAVES, SCOTT NAME STREET ADDRESS 333 SOUTH GRAND AVENUE - 28TH FLOOR CITY-ST-ZIP LOS ANGELES, CA 90071

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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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2006

864-595-2103

Daytime Phor