

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000033366

Entity Name: JON W. REAMES, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1254 SEMINOLA BLVD  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

2810 WESSEX STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

1254 SEMINOLA BLVD  
CASSELBERRY, FL 32707

**New Mailing Address:**

2810 WESSEX STREET  
ORLANDO, FL 32803

FEI Number: 59-3184928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REAMES, JON W  
1254 SEMINOLA BLVD  
CASSELBERRY, FL 32707 US

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

REAMES, JON W  
2810 WESSEX STREET  
ORLANDO, FL 32803 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

01/06/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: REAMES, JON W  
Address: 2810 WESSEX STREET  
City-St-Zip: ORLANDO, FL 32803

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: JON REAMES

PSTD

01/06/2011

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

\_\_\_\_\_  
Date