

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000087421



1. Entity Name

REAMS STORE, INC.

Principal Place of Business
10075 S SALT RD
LAMONT FL 32336

Mailing Address
P O BOX 6
LAMONT FL 32336
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3223366

Applied For
Not Applicable

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

KING, SARAH R
HWY 27
LAMONT FL 32336

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

Sarah R. King

(NOTE: Registered Agent signature required when reinstating)

3-10-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D REAMS, C J ☐ Delete
COUNTY ROAD 257 SOUTH
LAMONT FL 32336

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D KING, SARAH R ☐ Delete
BOX 6
LAMONT FL 32336

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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☐ Delete

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000685412
03/23/07-80028-011 150.00

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Sarah R. King* SARAH R. KING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-07 (850) 997-2945

Date Daytime Phone