

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90385 028 \*\*\*150.00

DOCUMENT # 704000020448

1. Entity Name

R+H Reed Corporation



**DO NOT WRITE IN THIS SPACE**

40074997

2. Principal Place of Business

57 Keeble Ave.

Suite, Apt. #, etc.

3. Mailing Address

57 Keeble

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Debary, FL

City & State

Debary, FL

4. FEI Number

65-0475069

Applied For

Not Applicable

Zip 32713

Country

USA

Zip 32713

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ronald Reed

Street Address (P.O. Box Number is Not Acceptable)

57 Keeble Ave.

City

Debary

FL

Zip Code

32713

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME

P Ronald Reed  
57 Keeble Ave.  
Debary, FL 32713

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

S Hawley Reed  
57 Keeble Ave.  
Debary, FL 32713

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/06 (386) 6686401