

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90037 007 ***150.00

DOCUMENT # P94000021443	
1. Entity Name REEVE MARINE ASSOCIAES, INC.	



Principal Place of Business 3048 LYCHEE STREET PALM BEACH GARDENS, FL 33403 US	Mailing Address P.O. BOX 4202 TEQUESTA, FL 33469 US
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60010320



2. Principal Place of Business 312 S. Wind Court Suite, Apt. #, etc. #102 City & State North Palm Beach Zip 33408 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01172006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0477001	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REEVE MARINE ASSOCIATES, INC. 3048 LYCHEE STREET PALM BEACH GARDENS, FL 33403	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVE, JOHN C. 3048 LYCHEE STREET PALM BEACH GARDENS, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reeve, John C. 312 S. Wind Court, #102 North Palm Beach FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John C. Reeve JOHN C. Reeve 1/29/06 561 758-1310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #