

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91041 010 ***150.00

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1. Entity Name

K.B. REYNOLDS ENTERPRISES, INC.



Principal Place of Business

3929 BAYSHORE DR.
NAPLES FL 33962

Mailing Address

P O BOX 10555
NAPLES FL 33941
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0519484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

KEVIN B. REYNOLDS SR

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

3929 BAYSHORE DR.

P.O. Box 10555

34101

City

NAPLES

FL

Zip Code

34112

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

KEVIN B. REYNOLDS SR

Signature, typed or printed name of registered agent and title if applicable.

Kevin B Reynolds SR

(NOTE: Registered Agent signature required when reinstating)

2-23-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 P ☐ Delete
NAME REYNOLDS, KEVIN B
STREET ADDRESS 3929 BAYSHORE DR.
CITY-ST-ZIP NAPLES FL 33962 34112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME REYNOLDS KEVIN B
STREET ADDRESS 3929 BAYSHORE DR.
CITY-ST-ZIP NAPLES, FL 34112

TITLE T ☐ Change ☒ Addition
NAME REYNOLDS KEVIN B
STREET ADDRESS 3929 BAYSHORE DR.
CITY-ST-ZIP NAPLES, FL 34112

TITLE V ☐ Change ☒ Addition
NAME REYNOLDS DAVID M
STREET ADDRESS 3929 BAYSHORE DR.
CITY-ST-ZIP NAPLES, FL 34112

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin B Reynolds SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

(239) 775-2728

Daytime Phone #