

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90100 012 ***150.00

DOCUMENT # P95000017705

1. Entity Name
KEN REED PRINTING, INC.



Principal Place of Business
**475 B RIO MAR DR
PORT ST. LUCIE, FL 34952**

Mailing Address
**475 B RIO MAR DR
PORT ST. LUCIE, FL 34952**

01222004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0571112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REED, KENNETH E
475 B RIO MAR DR
PORT ST. LUCIE, FL 34952**

7. Name and Address of New Registered Agent

Name **ANNETTE REED**

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

326 HOLLY AVE.

Port St. Lucie

FL

Zip Code **34952**

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

Annette Reed **ANNETTE REED, President** **1/22/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	REED, KENNETH E
STREET ADDRESS	326 HOLLY AVE.
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952
TITLE	ST <input type="checkbox"/> Delete
NAME	REED, ANNETTE
STREET ADDRESS	326 HOLLY AVE.
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PRES./SEC./TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD J. REED
STREET ADDRESS	355 MIDWAY RD.
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Annette Reed **ANNETTE REED**

1/22/04

772.879.2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #