

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

**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



03222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, ANNETTE  
 326 HOLLY AVE.  
 PORT SAINT LUCIE, FL 34952

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

1100000620833  
 04/04/07-80017-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PST  
 REED, ANNETTE  
 326 HOLLY AVE.  
 PT. ST. LUCIE, FL 34952

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VP  
 REED, DONALD J  
 355 MIDWAY RD.  
 FORT PIERCE, FL 34982

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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: *A. Reed* *Annette Reed* 3/22/07 172 879.2727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #