

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90095 034 ***150.00

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1. Entity Name
REEDY PHOTOPROCESS S.E. CORPORATION



Principal Place of Business
12125 28TH ST. NORTH
ST. PETERSBURG, FL 33716

Mailing Address
12125 28TH ST. NORTH
ST. PETERSBURG, FL 33716

50022117



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2110882

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCOTT, GEORGE C
12125 28TH ST. NORTH
ST. PETERSBURG, FL 33716

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	REEDY, STAN
STREET ADDRESS	1932 BECKETT LAKE DR
CITY-ST-ZIP	CLEARWATER, FL
TITLE	VP
NAME	SCOTT, GEORGE C
STREET ADDRESS	12125 28 ST N
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	VP
NAME	Fraser, Michael
STREET ADDRESS	1126 Captains Way
CITY-ST-ZIP	Tarpon Springs FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #