

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000025452

Entity Name: C. REED, INC.

FILED  
Jan 15, 2008  
Secretary of State

## Current Principal Place of Business:

4338 1ST STREET NORTH #A  
ST. PETERSBURG, FL 337034900

## New Principal Place of Business:

4338 1ST STREET NORTH  
ST. PETERSBURG, FL 337034900

## Current Mailing Address:

4338 1ST STREET NORTH #A  
ST. PETERSBURG, FL 337034900

## New Mailing Address:

4338 1ST STREET NORTH  
ST. PETERSBURG, FL 337034900

FEI Number: 59-3441470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHADWICK, CATHERINE R  
4338 1ST STREET NORTH #A  
ST. PETERSBURG, FL 337034900 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHADWICK, CATHERINE R  
Address: 4338 1ST STREET NORTH #A  
City-St-Zip: ST. PETERSBURG, FL 337034900

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE R SHADWICK

PRES

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date