

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000043141

1. Entity Name
RAYMOND REEVES & SONS MASONRY, INC.



Principal Place of Business
3057 PEBBLE BEACH DRIVE
LAKE WORTH, FL 33467

Mailing Address
3057 PEBBLE BEACH DRIVE
LAKE WORTH, FL 33467



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0756212

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEVES, RAYMOND
3057 PEBBLE BEACH RD
WEST PALM BEACH, FL 33417-5601

**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, 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	D
NAME	REEVES, RAYMOND
STREET ADDRESS	3057 PEBBLE BEACH DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	REEVES, CLAIRE E
STREET ADDRESS	3057 PEBBLE BEACH DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	REEVES, RAYMOND T
STREET ADDRESS	3057 PEBBLE BEACH DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	REEVES, CHRISTOPHER
STREET ADDRESS	3057 PEBBLE BEACH DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

1-29-04

Date

561-968-1014

Daytime Phone #