

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 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**



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0756212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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02/05/08-80014-011 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond Reeves **Raymond Reeves** 1-26-08 561-949-1014