

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90113 023 ***150.00

DOCUMENT # P97000056608 1. Entity Name REEBRO PROPERTIES, INC.					
Principal Place of Business 8098 91 TERRACE NORTH ST. PETERSBERG, FL 33773			Mailing Address P.O. BOX 10007 LARGO, FL 33773		
2. Principal Place of Business 8100 PARK BLVD Suite, Apt. #, etc. B-14		3. Mailing Address Suite, Apt. #, etc. 		50049578 	
City & State PIVELLAS PARK, FL		City & State 		4. FEI Number 59-3456794	
Zip 33781		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REED, JOHN W 8098 91 TERRACE NORTH ST. PETERSBURG, FL 33773				7. Name and Address of New Registered Agent Name REED, JOHN W Street Address (P.O. Box Number is Not Acceptable) 8100 PARK BLVD B-14 City PIVELLAS PARK FL Zip Code 33781	
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: <u><i>X John W Reed</i></u> 4/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME REED, JOHN W STREET ADDRESS 8098 91 TERRACE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33773	<input type="checkbox"/> Delete		TITLE D NAME REED, JOHN W STREET ADDRESS 8100 PARK BLVD B-14 CITY-ST-ZIP PIVELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>X John W Reed</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/30/05</u> Daytime Phone # <u>727-544-6085</u>		