2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000086974



FILED Apr 15, 2004 8:00 am Secretary of State 04-15-2004 90017 002 ***150.00

REED ISL	AND - MLC, INC.									
Principal Place of Business Mailing Address				***		I		1	•	1
13400 SUTTON PK DR S 13400 SUTTON PK DR S			S				94	05194	19	
1402 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224						 				
2. Principal Place of Business		3. Mailing Address			·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04092004	Chg-P	CR2E03	34 (10/03)	
City & State		City & State				4. FEI Number 59-3490			<u></u>	plied Fo
Zip Country		Zip Countr		ry					Fee Required	
6. Name and Address of Current Registered Agent				Name		7. Name and	Address of New	Registered A	gent	1 -
MONTGOMERY, MITCHELL R 13400 SUTTON PK DR S 1402				Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FL 32224				City FL Zip Code						
the obligati	named entity submits this statement for tools of registered agent. Signature, typed or printed name of registered agent and the statement of	g title if applicable (NOTE	E: Registered	J Agent signat	ire required	d when reinstating) .00 May Be led to Fees	n, in the State of F	lorida. I am f	amiliar with,	and acc
10.	OFFICERS AND D	IRECTORS	11.			ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, MITCHELL R 9440 PHILLIPS HWY., STE. 9 JACKSONVILLE, FL 32256	☐ Delete	•	E Et address -st-zip	Hugh	hs nath	ionicl Co PK Drs. ie, 74 1	in #/yo:	☐ Change	Ad
TITLE NAME STREET ADDRESS	VP HITE, PATSY A 9440 PHILLIPS HWY #9	☐ Delete	TITLE NAME STRE				- /		☐ Change	☐ Ad
CITY-ST-ZIP	JACKSONVILLE, FL 32256	واستنبسوا واستواد		-ST-ZIP	· `	ها مودي ويعس	م بين سبو تد نيون	بمولود المولوم		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RULDOLPH, MAURICE 9440 PHILLIPS HWY #9 JACKSONVILLE, FL 32256	☐ Delete							☐ Change	□ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEINWOHL, RONALD J 9440 PHILLIPS HWY #9 JACKSONVILLE, FL 32256	⊠ Delete							Change	☐ Ad
TITLE NAME STREET ADDRESS		Delete		E Et address				- AND	Change	Ad
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAM STRE			<u> </u>			Change	Ad

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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-9-04

904-821-7171