

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90045 034 \*\*\*150.00

<b>DOCUMENT # P97000086974</b> 1. Entity Name <b>REED ISLAND - MLC, INC.</b>					
Principal Place of Business <b>13400 SUTTON PK DR S</b> <b>1402</b> <b>JACKSONVILLE, FL 32224</b>			Mailing Address <b>13400 SUTTON PK DR S</b> <b>1402</b> <b>JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3490312</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03312005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent  <b>MONTGOMERY, MITCHELL R</b> <b>13400 SUTTON PK DR S</b> <b>1402</b> <b>JACKSONVILLE, FL 32224</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, MITCHELL R 9440 PHILLIPS HWY., STE. 9 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13400 Sutton PK Dr S #1402</b> <b>Jax, FL 32224</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HITE, PATSY A 9440 PHILLIPS HWY #9 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13400 Sutton PK Dr S. #1402</b> <b>Jax, FL 32224</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RULDOLPH, MAURICE 9440 PHILLIPS HWY #9 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13400 Sutton PK Dr S #1402</b> <b>Jax, FL 32224</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUGHS, NATHANIEL C 13450 SUTTON PH DR S., #1402 JACKSONVILLE, FL 32224	<input checked="" 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	
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	
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:			3-31-05 (904) 821-7771		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		