

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000086974

1. Entity Name
REED ISLAND - MLC, INC.



Principal Place of Business
13400 SUTTON PK DR S
1402
JACKSONVILLE, FL 32224

Mailing Address
13400 SUTTON PK DR S
1402
JACKSONVILLE, FL 32224



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3490312

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MONTGOMERY, MITCHELL R
13400 SUTTON PK DR S
1402
JACKSONVILLE, FL 32224

**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, 2007 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 MONTGOMERY, MITCHELL R
STREET ADDRESS 13400 SUTTON PK DR S, #1402
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VP
NAME HITE, PATSY A
STREET ADDRESS 13400 SUTTON PK DR S, #1402
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE V
NAME RULDOLPH, MAURICE
STREET ADDRESS 13400 SUTTON PK DR S, #1402
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000645101
03/02/07-80070-011 150.00

**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

2-19-07

904 821 7171

Date

Daytime Phone #