2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2005 8:00 am Secretary of State

DOCUMENT # P9900003905 1. Entity Name REEF SCAPES, INC.)	02-22-2005	5 90024 018 *	**150	.00
Principal Place of Business 2005 E OLIVE RD PENSACOLA, FL 32514		Mailing Address 2005 E OLIVE RD PENSACOLA, FL 32514					Ţ	;00 ;	7383
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01272005	Chg-P	CR2E034 (1	10/03)	
City & Stat	e	City & State			4. FEI Number 59-3547	841			olied For Applicable
Zip Country		Zip	Country		5. Certificate of	Status Desired		75 Addit Required	
	6. Name and Address of Current	7. Name and Address of New Registered Agent							
NETZER, BERNARD A 2005 E OLIVE RD PENSACOLA, FL 32514				Name Street Address (P.O. Box Number is Not Acceptable)					
		-		City			FL 2	Zip Code	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	register	ed office or registe	ered agent, or both	, in the State of F	lorida. I am famili	ar with, a	ind accept
SIGNATURE	Signature, typed or printed name of registered agen	Land title if englishing AlOTT	Fr Beginters	d Agent signature require	ad whom eximately a		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai	ign Finar	ncing \$5	5.00 May Be ded to Fees	***************************************			
10.	OFFICERS AND		11.	T 53.6		HANGES TO OF	FICERS AND DIR	·····	
NAME STREET ADDRESS CITY-ST-ZIP	PD NETZER, BERNARD A JR 1912 E. CROSS ST. PENSACOLA, FL 32503	☐ Delete		E NO	eardenst tzeri Bern L4 Condor Letonment	/ D(も 2533	Hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NETZER, JENNIFER 1912 E. CROSS ST. PENSACOLA, FL 32503	☐ Delete		E Vic E Tel ET ADDRESS	e-president nniter Net e-y Condo entonmo	Fred Dr	52533	Ghange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - NETZER, BERNARD A SR 8150 BRIESE LANE PENSACOLA, FL 32514	🗀 Delete :	NAM Stre	<u>5</u> e	C. LAKOBE -	road A	<0		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·		E				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	STRE	E E - EET ADORESS -ST-ZIP				Change	Addition
12. I hereby	certify that the information supplied will	h this filing does not qualify for	the exe	mption stated in S	Section 119.07(3)(i).	Florida Statutés	. I further certify th	at the inf	ormation

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.