

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90034 035 ***150.00

DOCUMENT # P99000040840

1. Entity Name
J.A. REED & ASSOCIATES, INC.



Principal Place of Business
**2476 HARBOUR COVE DR
FORT PIERCE, FL 34949**

Mailing Address
**2476 HARBOUR COVE DR
FORT PIERCE, FL 34949**

2. Principal Place of Business

1140 Ansley Ave. S.W.

3. Mailing Address

1140 Ansley Ave. S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006

Chg-P

CR2E034 (11/05)

City & State

Vero Bch. FL

City & State

Vero Bch., FL

4. FEI Number

59-3573820

Applied For

Not Applicable

Zip

32968

Country

U.S.A.

Zip

32968

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORNELL, JUDITH J
2476 HARBOUR COVE DR
FORT PIERCE, FL 34949**

7. Name and Address of New Registered Agent

Name **Judith J. Cornell**

Street Address (P.O. Box Number is Not Acceptable)
1140 Ansley Ave. S.W.

City **Vero Bch.**

FL

Zip Code **32968**

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

Judith J. Cornell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-09-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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** ☐ Delete
NAME **CORNELL, JUDITH J**
STREET ADDRESS **2476 HARBOUR COVE DR**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Cornell, Judith J.**
STREET ADDRESS **1140 Ansley Ave. S.W.**
CITY-ST-ZIP **Vero Bch. FL 32968**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Judith J. Cornell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-05

Date

772-971-0408

Daytime Phone #