

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067342

FILED
May 01, 2007
Secretary of State

Entity Name: REGINALD'S ORIGINALS INC.

Current Principal Place of Business:

241 W KING STREET
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

241 W KING STREET
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3610045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVIL, REGINALD M
44 S WHITNEY STREET
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COVIL, REGINALD
Address: 44 S WHITNEY ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP () Delete
Name: COVIL, SHEILA A
Address: 44 S WHITNEY ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD COVIL

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date