


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000087592	
1. Entity Name BRETT C. REYNOLDS, O.D. P.A.	

Principal Place of Business 3830 STATE RD. A1A S., UNIT #11 MELBOURNE BEACH, FL 32951	Mailing Address 3830 STATE RD. A1A S., UNIT #11 MELBOURNE BEACH, FL 32951
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04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3600017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REYNOLDS, DR. BRETT C 3830 STATE RD. A1A S., UNIT #11 MELBOURNE BEACH, FL 32951

**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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME REYNOLDS, BRETT C
STREET ADDRESS 3830 STATE RD A1A S, UNIT 11	CITY-ST-ZIP MELBOURNE BEACH, FL 32951
TITLE VP	NAME REYNOLDS, DONALD C
STREET ADDRESS 3830 STATE RD A1A S, UNIT 11	CITY-ST-ZIP MELBOURNE BEACH, FL 32951
TITLE ST	NAME REYNOLDS, LINDA P
STREET ADDRESS 3830 STATE RD A1A S, UNIT 11	CITY-ST-ZIP MELBOURNE BEACH, FL 32951
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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04/04/05-80078-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: DONALD C. REYNOLDS
Donald C Reynolds, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05 (321) 308-2015
Date Daytime Phone #