

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 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



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3600017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 renating.)

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 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

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NAME
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NAME
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CITY-ST-ZIP

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04/24/07-80019-019 150.00

**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: _____

DONALD C. REYNOLDS, O.D.
Donald C. Reynolds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

Date

(321) 308-2015

Daytime Phone #