


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90032 049 \*\*\*550.00

<b>DOCUMENT # S23870</b>	
1. Entity Name <b>MARK A. REYNOLDS INSURANCE AGENCY, INC.</b>	

Principal Place of Business <b>1850 BOY SCOUT DR SUITE 103 FT MYERS, FL 33907</b>	Mailing Address <b>1850 BOY SCOUT DR SUITE 103 FT MYERS, FL 33907</b>
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0237539</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**REYNOLDS, MARK A.  
1850 BOY SCOUT DRIVE, SUITE 103  
FT. MYERS, FL 33907**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT REYNOLDS, MARK A 1850 BOYSCOUT DR, #103 FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYNOLDS, MARK A 1850 BOYSCOUT DR., #103 FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REYNOLDS, ANITA J 1850 BOYSCOUT DR, #103 FT MYERS, FL
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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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:** *Mark A. Reynolds* **MARK A. REYNOLDS** - 129-07 **629/275-7557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #