

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S59561

1. Entity Name
REEDCO, INC.



FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90036 006 ***150.00

Principal Place of Business
3159 SW 56TH TRAIL
TRENTON, FL 32693

Mailing Address
P.O. BOX 1111
TRENTON, FL 32693



01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3085621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURT, THEODORE M.
114 NORTHEAST FIRST STREET
TRENTON, FL 32693

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
NAME REED, NORVEL, JR.
STREET ADDRESS 3159 SW 56TH TR PO BOX 1111
CITY-ST-ZIP TRENTON, FL

TITLE SD
NAME REED, SANDRA E
STREET ADDRESS 3159 SW 56TH TRAIL PO BOX 1111
CITY-ST-ZIP TRENTON, FL 32693

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #