## 2005 FCR PROFIT CORPORATION \_\_ANNUAL REPORT

## FILED Feb 17, 2005 08:00 AM Secretary of State

DOCUMENT # S76326  1. Enlity Name REACH SERVICE & SUPPLY CO., INC.				Secretary of State			
Principal Plac 6373 SIMPS MILTON, FL		Mailing Address 6373 SIMPSON DR. MILTON, FL 32570			<b>18 21182 11182 11182 2711 2711</b>	ffr weight Wings, might mymicaus as suma.	
DO NOT WRITE IN THIS SPACE  5. Name and Address of Current Registered Agent				01252005 4. FEI Number 59-30799 5. Certificate of 3	No Chg-P CF	2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
NEWSOM, STEVE 6373 SIMPSON DR. MILTON, FL 32570				DO NOT WRITE IN THIS SPACE			
6. The above the obligat	named entity submits this statementions of registered agent.	for the purpose of changing its regist	ered office or register	ed agent, or both, i	n the State of Florida. I	am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE. Regist	ered Agent signature required	when reinstating)	D.	TE	
FILE NOW!!! FEE IS \$150.00 After Way 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees	U00000233 02/17/05-800	3868 360-013 150.00	
TITLE	OFFICERS AND	ID DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	NEWSOM, STEVE 6373 SIMPSON DR. MILTON, FL 32570						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u>. — — — — — — — — — — — — — — — — — — —</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	_DO N	IOT WRI	TE	
TITLE NAME STREET ADDRESS CITY- ST-ZIP					HIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_						
12. I hereby of indicated of the conchanged,	certify that the illiformation supplied y on this report or supplemental repor- poration or the receiver or trustee in or on an attachment with an addies	th this filling does not qualify for the er is true and accurate and that my sign powered to execute this report as req s, with all other like empowered.	kemption stated in Sec nature shall have the s juired by Chapter 607,	ction 119.07(3)(i), F ame legal effect as Florida Statutes; a	lorida Statutes. I further if made under oath; the not that my name appear	certify that the information at I am an officer or director ars in Block 10 or Block 11 if	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dale Daylone Phone *							