

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # V03415

1. Entity Name
JIM REYNOLDS SERVICES, INC.



Principal Place of Business
**16510 SE 27TH PL RD
OCKLAWAHA, FL 32179 US**

Mailing Address
**PO BOX 2517
SILVER SPRINGS, FL 34489 US**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3100359

Applied For
No: Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, JAMES N.
16510 SE 27TH PL RD
OCKLAWAHA, FL 32179**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

**000000905510
05/01/08-80048-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REYNOLDS, JAMES N.
STREET ADDRESS	16510 SE 27TH PL RD
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	VP
NAME	REYNOLDS, ANNA M
STREET ADDRESS	16510 SE 27TH PL RD
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

James N. Reynolds
JAMES N. REYNOLDS

APRIL 16, 2008 352-625-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #