2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2005 08:00 AM DOCUMENT # V61759 **Secretary of State** 1. Entity Name REED & COMPANY, INC. Principal Place of Business = Mailing Address 5610 YAHL ST UNIT 1 NAPLES FL 34109 5610 YAHL ST UNIT 1 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0359992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REED, MERIAM Street Address (P.O. Box Number is Not Acceptable) 5610 YAHL ST UNIT NAPLES FL 34109 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE STD DITTE Change ☐ Addition ☐ Delete REED, MERIAM L. NAME NAME 5610 YAHL ST #1 STREET ADDRESS U00000275135 STREET ADDRESS CITY - ST-ZIP NAPLES FL 34109 CITY-ST-ZIP 03/24/05-80041-007 150.00 HILE PD Delete TITLE ☐ Change Addition NAME REED, GERALD E NAME STREET ADDRESS 5610 YAHL ST #1 STREET ADDRESS CITY - ST - ZIP NAPLES FL 34109 CITY-ST-ZIP Change ☐ Addition THE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 ☐ Change ☐ Addition TITLE Delete DIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP

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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3//8/DS 335-55/- 30 Date Daytime Phone #

FILED