

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000023047

**Entity Name:** KEVIN L. REA, P.A.

**Current Principal Place of Business:**

1919 TRADE CENTER WAY  
NAPLES, FL 34109

**Current Mailing Address:**

1919 TRADE CENTER WAY  
NAPLES, FL 34109 US

**FEI Number:** 59-3563083

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NICI, JAMES RESQ.  
C/O COX & NICI  
1185 IMMOKALEE ROAD, SUITE 110  
NAPLES, FL 34110 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DPT  
Name            REA, KEVIN  
Address          1919 TRADE CENTER WAY  
City-State-Zip:   NAPLES FL 34109

Title            DVS  
Name            BYRD, CLIFFORD  
Address          1919 TRADE CENTER WAY  
City-State-Zip:   NAPLES FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KEVIN REA

**VICE PRESIDENT**

**01/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date