


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 A**  
**Secretary of State**

**DOCUMENT # F03000002209**  
 1. Entity Name  
 RTE, SR., LTD. INC



Principal Place of Business      Mailing Address  
 3346 ST LUCIA COURT      3346 ST LUCIA COURT  
 TAVARES, FL 32778      TAVARES, FL 32778

**DO NOT WRITE IN THIS SPACE**



01092004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 54-1240554      Not Applicable

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

6. Name and Address of Current Registered Agent  
 EARLL CML, RT  
 3346 ST LUCIA COURT  
 TAVARES, FL 32778

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 7, 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	CTS
NAME	EARLL CML, RT
STREET ADDRESS	3346 ST LUCIA COURT
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	VCP
NAME	EARLL, JOAN P
STREET ADDRESS	3346 ST LUCIA COURT
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D
NAME	BRASWELL, ROBIN A
STREET ADDRESS	2 CLARK STREET
CITY-ST-ZIP	CHARLOTTESVILLE, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *R. Earl CML*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_