

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J74621

1. Entity Name
RFG GENERAL CONTRACTORS, INC.



Principal Place of Business
11900 SE SHELL AVE
HOBE SOUND, FL 33455-3409 US

Mailing Address
11900 S. E. SHELL AVENUE
HOBE SOUND, FL 33455-3409 US

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2810987

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLADWIN, RANSOM F., III
11900 S.E. SHELL AVENUE
HOBE SOUND, FL 33455

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 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 PD
NAME GLADWIN, RANSOM F., III
STREET ADDRESS 11900 S. E. SHELL AVENUE
CITY-ST-ZIP HOBE SOUND, FL

TITLE D
NAME GLADWIN, ROSALYN R.
STREET ADDRESS 5373 POINT LANE EAST
CITY-ST-ZIP JUPITER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000025601
02/02/04-80112-007 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #