2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98154

Address:

1243 SE 22ND AVE

City-St-Zip: OCALA, FL 34471

FILED Apr 24, 2004 Secretary of State

| Entity Na | me: R&KES | SCOBAR, INC. | | |
|---|--|--------------------------------|--|---|
| Current Principal Place of Business: | | | New Principal Place of Business: | |
| 411 SE 82 OCALA, F | ND PLACE L 34480 US | 6 | | |
| Current Mailing Address: | | | New Mailing Address: | |
| 411 SE 82 OCALA, F | ND PLACE L 34480 U | 6 | | |
| FEI Number | : 59-2851754 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| YOUNG, E 1243 SE 2 OCALA, F | | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registere | ed office or registered agent, or both, |
| SIGNATUI | RE: | | | |
| | Electro | nic Signature of Registered Ag | ent | Date |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PTD (ESCOBAR, RIG 411 SE 82ND I OCALA, FL 34 | PL . | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | SD (ESCOBAR, KA 411 SE 82ND I OCALA, FL 34 | PL . | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | VP (ESCOBAR, DA PO BOX 1475 BELLEVIEW, F | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D (ESCOBAR, AN 411 SE 82ND I OCALA, FL 34 | PL | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | D (YOUNG, DAVII |) Delete) A | Title: Name: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RICHARD ESCOBAR **PRES** 04/24/2004