## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2004 8:00 am **Secretary of State** DOCUMENT # K59105 1. Entity Name 02-12-2004 90028 025 \*\*\*150.00 RUNDLE CONSTRUCTION, INC. Principal Place of Business Mailing Address 4604 LITHIA SPRINGS BLVD 4604 LITHIA SPRINGS BLVD LITHIA FL 33547 LITHIA FL 33547 2. Principal Place of Business 3. Mailing Address 4618 LITHIA SARINGS RD. 4618 LITHIA SPRINGS RD. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2927636 FLORIDA LITHIA LORIDA LITHIA Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33547 33547 Fee Required U5 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUNDLE, BRUCE J. Street Address (P.O. Box Number is Not Acceptable) 4604 LITHIA SPRINGS BLVD LITHIA FL 33547 4618 LITHIA SPRINGS Zip Code 33547 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, 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE Change Addition RUNDLE, BRUCE J. NAME NAME 4604 LITHIA SPRINGS RD STREET ADDRESS STREET ADDRESS 4618 LITHIA SPRINGS RD. CITY-ST-ZIP LITHIA FL CITY-ST-ZIP LITHIA FL 33547 D Change Change TITLE ☐ Delete TITLE Addition RUNDLE, BONNY JO NAME NAME 4618 LITHIA SPRINGS RD. 4604 LITHIA SPRINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITHIA FL CITY-ST-ZIP LITHIA FL 33547 ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

FILED

SIGNATURE: BONY J. RUNDLE 2-6-04 813-689-4199
SIGNATURE: Date Deptine Phone P