

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90005 047 ***150.00

DOCUMENT # P02000057550

1. Entity Name

R. LITTLE ENTERPRISES, INC.



Principal Place of Business

UNIT 902, 2700 N A1A
 FT PIERCE FL 34949

Mailing Address

UNIT 902, 2700 N A1A
 FT PIERCE FL 34949

14023047



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

32-0021369

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, D ROBERT
 UNIT 902, 2700 N A1A
 FT PIERCE FL 34949

Name DARLAN R LITTLE

Street Address (P.O. Box Number is Not Acceptable)

2700 N A1A #601

City FT. PIERCE

FL

Zip Code 34949

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

D. Robert Little

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
 NAME LITTLE, D ROBERT
 STREET ADDRESS UNIT 902, 2700 N A1A
 CITY-ST-ZIP FT PIERCE FL 34949

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME LITTLE, LESLIE
 STREET ADDRESS 2393 BRAVEBDER
 CITY-ST-ZIP WILLIAMSTON MI 48895

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME LITTLE, BRAD
 STREET ADDRESS 11794 BRADFORD LK DR
 CITY-ST-ZIP FAIRGROVE MI 48733

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: *Darlan R Little*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DARLAN R. LITTLE PRES

525-04 772-489 6184
 Date Daytime Phone #

Attachment

14023047
802000057559
May 25, 09

State of Fl.

I received notice on the 10th
of May. I called, and the report on phone
said there wasn't a late file fee.

D. Robert Little