2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 13 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000066353

1. Entity Name
R & G MANAGEMENT ENTERPRISES INC

Principal Place of Business	Mailing Address
1713 EAST SILVER SPRINGS BLVD. 2C OCALA, FL 34471	R & G MANAGEMENT ENTERPRISES 2C OCALA, FL 34471

2. Principal Place of Business	3. Mailing Address
	1713 East Silver Springs
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2 C
City & State	City & State Ocala, FL
Zip / Country	Zip 34471 / Country Marion

02212004 Chg-P CR2E034 (10/03)

4. FEI Number 11-3693292 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFIN, JIMMI
301 SW 145TH STREET
OCALA, FL, FL 34473-US

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 reinstating) 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	P	☐ Delete
NAME	GRIFFIN, JIMMI	
STREET ADDRESS	301 SW 145TH STREET	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	VP	☐ Delete
NAME	ROBINSON, CLEVELAND	
STREET ADDRESS	1610 SE 22ND AVENUE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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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: ____________________ 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #