


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90655 035 ***150.00

DOCUMENT # P96000026806

1. Entity Name
RDR CONSTRUCTION, INC.



Principal Place of Business
**291 SW 12TH STREET
 BOCA RATON, FL 33432**

Mailing Address
**291 SW 12TH STREET
 BOCA RATON, FL 33432**

2. Principal Place of Business
604 NE 2ND ST.

3. Mailing Address
604 NE 2ND ST.

Suite, Apt. #, etc.
Unit 424

Suite, Apt. #, etc.
Unit 424

City & State
Dania Beach FL.

City & State
Dania Beach FL.

Zip
33004

Country
USA

Zip
33004

Country
USA



02132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ROUTHIER, ROBERT D
 291 SW 12TH STREET
 BOCA RATON, FL 33432**

4. FEI Number
65-0648265

Applied For
 Not Applicable

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

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROUTHIER, ROBERT D		NAME ROUTHIER ROBERT	
STREET ADDRESS 291 SW 12TH STREET		STREET ADDRESS 604 NE 2ND ST Unit 424	
CITY-ST-ZIP BOCA RATON, FL 33432		CITY-ST-ZIP DANIA BEACH FL 33004	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Robert Routhier **Robert Routhier** **4.20.04 (561) 239 4870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #