

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90013 014 ***150.00

DOCUMENT # 482651

1. Entity Name

R & R BUILDERS, INC.



Principal Place of Business

P.O. BOX 8664
DEERFIELD BEACH FL 33443-0627

Mailing Address

P.O. BOX 8664
DEERFIELD BEACH FL 33443-0627

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1581610

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

ROGERS, GREGORY A
404 SE 6TH AVENUE
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **ROGERS, Gregory A.**

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

663 SW KENTS AVE

City **DEERFIELD BEACH** FL Zip Code **33441**

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

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

TITLE PD ☐ Delete
NAME ROGERS, GREGORY A.
STREET ADDRESS 404 S.E. 6TH AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE VD ☐ Delete
NAME ROGERS, JOHN P
STREET ADDRESS 34 S.E. 8TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE STD ☐ Delete
NAME ROGERS, JOHN P
STREET ADDRESS 34 S.E. 8TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

John P Rogers John P Rogers

2/18/04

Date

Daytime Phone #