

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 636431

1. Entity Name
RECHRISCO OF FLORIDA, INC.



Principal Place of Business

**2929 E. COMMERCIAL BLVD #409
FT. LAUDERDALE, FL 33308**

Mailing Address

**2929 E. COMMERCIAL BLVD #409
FT. LAUDERDALE, FL 33308**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1936858

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**BARNES, JOSEPH
2929 E. COMMERCIAL BLVD
SUITE 409
FT. LAUDERDALE, FL 33308**

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IN THIS SPACE**

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
NAME	NIGG, ERNST
STREET ADDRESS	LETTSTRASSE 10 9490
CITY-ST-ZIP	VADUZ, LI
TITLE	VP
NAME	GATES, VICKI D
STREET ADDRESS	2929 E COMMERCIAL BLVD., #409
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VP
NAME	COX, CHRISTY
STREET ADDRESS	2929 E. COMMERCIAL BLVD., 409
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000008655
01/20/04-80070-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone