


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # F01688 1. Entity Name R.R.V. ASSOCIATES, INC.	
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Principal Place of Business 40 CUTTERMILL ROAD 201 GREAT NICK, NY 11021 US	Mailing Address 40 CUTTERMILL ROAD 201 GREAT NICK, NY 11021 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2141859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PST BLUM, BENTLEY J 15811 FISHER ISLAND DR FISHER ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, BENTLEY J. 15811 FISHER ISLAND DR FISHER ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARLIK, JERRY 40 CUTTERMILL ROAD GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000006081
01/16/04-80020-021 150.00

**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]* V.P. Jerry Karlik 1/8/04 516-482-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #