

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F02000003216

1. Entity Name

UNLIMITED RESOURCES, INCORPORATED



Principal Place of Business

4033 FORGE DR.
WOODBIDGE VA 22193

Mailing Address

P.O. BOX 2128
MERRIFIELD VA 22116-2128

FILED

04 JUN 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite Apt. #, etc.

3. Mailing Address

Suite Apt. #, etc.

City & State

Ponte Vedra FL

City & State

Ponte Vedra FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

54-1640042

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CHUCK
6014 BRIDGEWATER CIRCLE
PONTE VEDRA FL 32082

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

Chuck Johnson, President

6/15/04

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	CP	☐ Delete
NAME	JOHNSON, CHUCK	
STREET ADDRESS	6014 BRIDGEWATER CIRCLE	
CITY- ST- ZIP	PONTE VEDRA FL 32082	
TITLE	VCV	☒ Delete
NAME	BOGGS, MICHAEL D	
STREET ADDRESS	10028 GARRETT ST.	
CITY- ST- ZIP	VIENNA VA 22181	
TITLE	DST	☒ Delete
NAME	RUSSO, FRANK	
STREET ADDRESS	4033 FORGE DR	
CITY- ST- ZIP	WOODBIDGE VA 22193	
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 ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chuck Johnson, President

6/15/04 888-340

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print #

8010