

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90015 013 ***150.00

DOCUMENT # F64756

1. Entity Name
RAB LAND & DEVELOPMENT, INC.



Principal Place of Business
**300 FIRST AVENUE SOUTH
TIERRA VERDE, FL 33715**

Mailing Address
**P.O. BOX 58064
SAINT PETERSBURG, FL 33715-8064**

54032638



02132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

PO BOX 46345

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG BEACH, FL

4. FEI Number

59-2254355

Applied For

Not Applicable

Zip

Country

Zip

Country

33741-6345

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUTROS, RAMZI
300 FIRST AVENUE SOUTH
TIERRA VERDE, FL 33715**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME **BOUTROS, RAMZI A**
STREET ADDRESS **300 FIRST AVENUE SOUTH**
CITY-ST-ZIP **TIERRA VERDE, FL 33715**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Ramzi A. Boutros
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/12/2004 (727) 864-2003
Date Daytime Phone #