


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001858

1. Entity Name
RAB REFRACTORY OF LA, INC.



Principal Place of Business
PO BOX 1397
WEST MONROE, LA 71294

Mailing Address
PO BOX 1397
WEST MONROE, LA 71294



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1255881

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

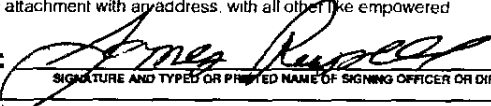
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP RUSSELL, JAMES 6605 CYPRESS ST WEST MONROE, LA 71291
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMSTRONG, ROSS 6605 CYPRESS ST WEST MONROE, LA 71291
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENDILY, GLENN 6605 CYPRESS ST WEST MONROE, LA 71291
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARMSTRONG, GUY 6605 CYPRESS ST WEST MONROE, LA 71291
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000110356
 04/12/04-80080-006 150.00

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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 I am empowered

SIGNATURE:  **3/31/04** **318-396-1370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #