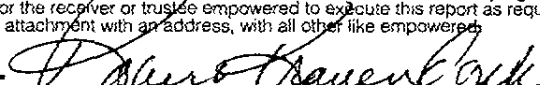


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # G27697 1. Entity Name R & B GALE CORP.					
Principal Place of Business 4760 BRITTANY DR S #120 SAINT PETERSBURG FL 33715			Mailing Address 4760 BRITTANY DR S #120 SAINT PETERSBURG FL 33715		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2271963 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KRANENDONK, BARBARA 4760 BRITTANY DR S #120 SAINT PETERSBURG FL 33715				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 DATE _____ (NOTE: Registered Agent signature required when reinstating)	
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DALY, AMY 711 WOODERER ST. RADNER PA 19087			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRANENDONK, BARBARA A. 4760 BRITTANY DR. S. #120 ST. PETERSBURG FL			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KRANENDONK, GARY 1818 STAYSAIL DR. VALRICO FL			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRANENDONK, JAMES 3180 LAKE SAXON DR. LAND O LAKES FL			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KRANENDONK, ROBERT 4760 BRITTANY DR. S #170 ST PETERSBURG FL			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  ROBERT KRANENDONK (127) 865 9032					