2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 03, 2004 8:00 am
Secretary of State
04-19-2004 90362 036 ***150.00

DOCUMENT # G64681

1. Entity Name
REGFILES, INC.

66418343

Principal Place of Business	Mailing Address
C/O KENNETH W. PREST, JR. 2003 APALACHEE PARKWAY, SUITE A TALLAHASSEE, FL 32301	C/O KENNETH W. PREST, JR. 2003 APALACHEE PARKWAY, SUITE A TALLAHASSEE, FL 32301

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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2331949
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PREST, KENNETH W., JR.
2003 APALACHEE PARKWAY
SUITE A
TALLAHASSEE, FL 32301-1800

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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 reinstating)

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	DVS
NAME	PREST JR, KENNETH W
STREET ADDRESS	2515 NOBLE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DP
NAME	PREST, ELLEN
STREET ADDRESS	2515 NOBLE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	BERMINGHAM, T.J.
STREET ADDRESS	2482 ELFINWING LANE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	PREST, MEREDITH J
STREET ADDRESS	2515 NOBLE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DT
NAME	HEINTZ, SANDRA L
STREET ADDRESS	1842 WAGON WHEEL CIR E
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Sandra L Heintz Sandra L. Heintz 4-29-04 850-878-3527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #