

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90015 041 \*\*\*150.00

**DOCUMENT # G93406**

1. Entity Name  
**COSTA DEL MAR SUNGLASSES, INC.**



Principal Place of Business  
**123 N. ORCHARD  
BLDG 6  
ORMOND BEACH, FL 32174**

Mailing Address  
**123 N. ORCHARD  
BLDG 6  
ORMOND BEACH, FL 32174**

**44051961**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-2500707**

Applied For

Not Applicable

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

**MACDONALD, CHARLES  
123 N. ORCHARD BEACH  
ORMOND BEACH, FL 32174**

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees.

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FERGUSON, L. RAY  
1286 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Charles MacDonald  
123 N. Orchard Beach, Bldg. 6  
Ormond Beach, FL 32174** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
EDDY, RAY  
45 SETON TRL  
ORMOND BCH, FL 32176** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
John T. Ruggieri  
One Albion Road  
Lincoln, RI 02865** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RUTHERFORD, THOMAS E.  
2 WEBNER PLACE  
PALM COAST, FL 32164** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Tina C. Benik  
One Albion Road  
Lincoln, RI 02865** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Assistant Treasurer  
Gary S. Simpson  
One Albion Road  
Lincoln, RI 02865** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John T. Ruggieri, Treasurer**

Date

Daytime Phone #

**8/3/04 (401) 333-1200**