

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H85659

1. Entity Name
RS & RS, INC.



Principal Place of Business
**2625 S R 207
ELKTON, FL 32033**

Mailing Address
**2535 STATE RD 16
ST AUGUSTINE, FL 32092**



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-2613202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, RAMU S.
2535 ST RD 16
ST AUGUSTINE, FL 32092**

**DO NOT WRITE
IN THIS SPACE**

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 reinitiating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD PATEL, RAMU S. 2535 ST RD 16 ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD PATEL, RAMILA R. 2535 ST RD 16 ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP PATEL, SWATI 2535 ST RD 16 ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP PATEL, SNEHAL 2535 ST RD 16 ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Snehal Patel **SNEHAL R. PATEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

904-824-4900
Daytime Phone #