

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

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| DOCUMENT # J47117 1. Entity Name RAST ASSOCIATES, INC. |  |
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|---|---|
| Principal Place of Business 3970 PALM STREET SAINT AUGUSTINE, FL 32084 US | Mailing Address 3970 PALM STREET SAINT AUGUSTINE, FL 32084 US |
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DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|-----------------|
| 03112004 | No Chg-P | CR2E034 (10/03) |
| 4. FEI Number 59-1503066 | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LOPEZ, AL R
 4600 W CYPRESS ST
 STE 500
 TAMPA, FL 33607

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000089802
 03/16/04-80003-018 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAST, WILLIAM J. 3970 PALM STREET SAINT AUGUSTINE, FL 32084 |
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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, be empowered.

SIGNATURE: William J. Rast WILLIAM J. RAST 03/15/04 823-2082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #