

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 026 ***158.75

DOCUMENT # J50208

1. Entity Name
RATTLESNAKE POINT, INC.



Principal Place of Business
**5411 W. TYSON AVE.
TAMPA, FL 33611**

Mailing Address
**5411 W. TYSON AVE.
TAMPA, FL 33611**

14015575



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2764476

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TOMION, JON
5411 W. TYSON AVE.
TAMPA, FL 33611**

**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 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

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	TOMION, JON C.
STREET ADDRESS	5411 W. TYSON AVE.
CITY - ST - ZIP	TAMPA, FL
TITLE	DSAT
NAME	KEARNEY, JOHN (JR.)
STREET ADDRESS	5411 W. TYSON AVE.
CITY - ST - ZIP	TAMPA, FL
TITLE	P
NAME	KEARNEY, JOHN E.
STREET ADDRESS	5411 W. TYSON AVE.
CITY - ST - ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2004
Date

813-831-4490
Daytime Phone #