

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91220 029 ***158.75

DOCUMENT # J52039

1. Entity Name

FLO-RITE, INC.



Principal Place of Business

3615 FISCAL CT.
RIVIERA BCH FL 33404
US

Mailing Address

3615 FISCAL CT.
RIVIERA BCH FL 33404
US

24066704



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2757558

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

RIESTENBERG, ROBERT J.
2057 S. WATERWAY DR.
NORTH PALM BEACH FL 33408

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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RIESTENBERG, ROBERT J.
STREET ADDRESS 2057 S. WATERWAY DR.
CITY-ST-ZIP N PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME N.W.
STREET ADDRESS 192 WILLOW GROVE AVE.
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ST ☐ Delete
NAME RIESTENBERG, TERESA M.
STREET ADDRESS 2057 S. WATERWAY DR.
CITY-ST-ZIP N PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME N.W.
STREET ADDRESS 192 WILLOW GROVE AVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE VP ☐ Delete
NAME HARTIGAN, JOSEPH
STREET ADDRESS 1202 E HANETEE BLVD
CITY-ST-ZIP NORTH PALM BEACH FL 33608

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16081 123 Terr. N
CITY-ST-ZIP Jupiter FL 33478

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Joseph R Hartigan VP

Date

Daytime Phone #

4/28/04 561863806