


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
04 APR 15 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K40767 1. Entity Name FLORIDA RECORDS RESEARCH CORPORATION	
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Principal Place of Business 1357 E. LAFAYETTE STREET TALLAHASSEE, FL 32301 US	Mailing Address 1357 E. LAFAYETTE STREET TALLAHASSEE, FL 32301 US
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2914684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RABON, RODNEY R
4204 BEN BLVD.
TALLAHASSEE, FL 32303**

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RABON, RODNEY R 1357 E. LAFAYETTE STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RABON, JONATHAN D 1357 E. LAFAYETTE STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700033723597
04/23/04--01023--020 **150.00

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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 like empowered.

SIGNATURE: Rodney R. Rabon **4-15-04 (850) 562-6762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #