

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Mar 11, 2004 08:00 AM  
Secretary of State

|                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # K54419</b><br>1. Entity Name<br><b>R &amp; R TAPE COMPANY</b> |  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>% BRYAN J. STOCKTON; P.O. BOX 8414<br>2857 S W EAST LOUISE CIRCLE<br>PORT ST LUCIE, FL 34953 | <b>Mailing Address</b><br>% BRYAN J. STOCKTON; P.O. BOX 8414<br>2857 S W EAST LOUISE CIRCLE<br>PORT ST LUCIE, FL 34953 |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

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|                                                                                    |                                   |
|------------------------------------------------------------------------------------|-----------------------------------|
|  |                                   |
| 02182004 No Chg-P CF2EQ94 (10/03)                                                  |                                   |
| 4. FEI Number<br>65-0187400                                                        | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | \$2.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

**CERNIELLO, RONALD**  
2857 S W EAST LOUISE CIRCLE  
PORT ST LUCIE, FL 34953

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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 relocating) DATE \_\_\_\_\_

|                                                                                    |                                                                                                                            |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOWIN FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$650.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

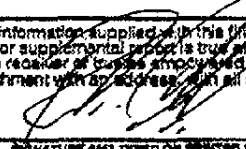
10. OFFICERS AND DIRECTORS

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>CERNIELLO, RONALD<br>2857 S.W. E LOUISE CIR<br>PORT ST. LUCIE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

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03/11/04-80025-018 150.00

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12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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:**  **3/9/04** **772-336-2688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone