2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business % 20 Puri D. BALET. % 20 Puricipal Place of Business \$ 2. Puricipal Place of Business \$ 2. Puricipal Place of Business \$ 3. Maining Address \$ 3. Maining Address \$ 3. Maining Address \$ 3. Maining Address \$ 4. FEI Number 54-1077639 \$ \$ Applied For Year Country \$ 2. Puricipal Place of Business \$ 2. Puricipal Place of Business \$ 3. Maining Address \$ 2. Puricipal Place of Business \$ 3. Maining Address \$ 3. Maining Address \$ 4. FEI Number 54-1077639 \$ \$ Applied For Year Country \$ 3. Certificate of Status Desired \$ 3. The address of Current Place and Addres	DOCUMENT # K85486 1. Entity Name R & C SALES & MANUFACTURING, INC.								Feb 02, Secre		08:00 of Sta	
Seption Approximate Process 3. Mailing Address	Principal Place	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailing	g Address			_				
Sulfo, Apt. P. efc. Sulfo, Apt. P. efc. City & State City & FL Zip Code City & FL Zip Co	3555 AGRIC	ULTRUAL C	3555 AGRICULTRUAL CENTER DR.				1 (1881) WILL THE CHEET #1777 WIND I		EN BUDU MUER GLGU DI			
City & State Secret Address of Current Registered Agent ATKINS, ROBERT C 3555 AGRICULTURAL CENTER DR ST. AUGUSTINE FL 32092 City City Secret Address (P.O. Box Number is Not Acceptable) DATE FILE Number is Not Acceptable (P.O. Box Number is Not Acceptable) Secret Address (P.O. Box Number is Not Acceptable) Secret Address (P.O. Box Number is Not Acceptable) DATE FILE Number is Not Acceptable (P.O. Box Number is Not Acceptable) DATE FILE Number is Not Acceptable (P.O. Box Number is Not Acceptable) Secret Address (P.O. Box Number is Not Acceptable) DATE FILE Number is Not Acceptable (P.O. Box Number is Not Acceptable) Secret Address (P.O. Box Number is Not Acceptable) DATE FILE Number is Not Acceptable (P.O. Box Number is	2. Principal P	lace of Busin	3. Mailing Address									
Zip Country	Surte, Apt. #, etc.			Suite, Apt. #, etc						CR2E03	· · · · · · · · · · · · · · · · · · ·	
See Free Green of Street Address of Current Registered Agent ATKINS, ROBERT C 3555 AGRICULTURAL CENTER DR ST. AUGUSTINE FL 32092 City FL 2p Code B. Tine above named entity submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent and that aspeciate. POTE Registered Agent is grazies registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent and that aspeciate. POTE Registered Agent is grazies registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the state of Florida State of Flor	City & State						-· –	4. FEI Number 54-1077639		39	N	lot Applicable
ATKINS, ROBERT C 3555 AGRICULTURAL CENTER DR 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. It am familiar with, and accept the abligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. It am familiar with, and accept the abligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. It am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. It am familiar with, and accept the above named entity submits agent ag	Zıp					Coun	try 	5. Certificate of Status L			Fee Require	
Signatures Street Augustine		6. Name	and Address of Current	Hegistere	d Agent		Name		Name and Address of New	negistere	u Agent	· · · · · .
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing ste registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the florida. I am familiar with and florida. I am familiar	355	JLTURAL CENTER			Street Addres	ss (P.O.	Box Number is Not Acceptai	ole)				
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in this State of Florida. I smillar with, and society the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	31.	A000011				City			. F	Zip Cor	de	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State Time PD OFFICERS AND DIRECTORS TILE ATKINS, ROBERT C. ATKINS, ROBERT C. ATKINS, ROBERT C. STEET ADDRESS CITY-ST-2IP ST. AUGUSTINE FL TILE VST NAME ATKINS, CAROL P. STEET ADDRESS CITY-ST-2IP ST. AUGUSTINE FL TILE D Delete TILE NAME STREET ADDRESS CITY-ST-2IP TILE D Delete TILE NAME STREET ADDRESS CITY-ST-2IP TILE D Delete TILE NAME STREET ADDRESS CITY-ST-2IP TILE Delete TILE NAME STREET ADDRESS CITY-ST-2IP DELETE DELETE DELETE STREET ADDRESS CITY-ST-2IP DELETE DELETE DELETE DELETE STREE				r the purp	ose of changing its i	register	l ed office or regis	stered a	agent, or both, in the State of		 }	, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATI IRF											
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ATKINS, ROBERT C. STREET ADDRESS OTF-ST-2P TITLE NAME ATKINS, CAROL P. STREET ADDRESS OTF-ST-2P TITLE NAME ATKINS, CAROL P. STREET ADDRESS OTF-ST-2P TITLE D CHANGE STORY ST-2P TITLE D CHANGE STREET ADDRESS OTF-ST-2P TITLE NAME STREET ADDRESS OTF-ST-2P TITLE NAME STREET ADDRESS OTF-ST-2P TITLE NAME STREET ADDRESS OTF-ST-2P TITLE D CHANGE STREET ADDRESS OTF-ST-2P TITLE NAME STREET ADDRESS OTF-ST-2P TITLE STREET ADDRESS OTF-ST-2P TI	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											
TITLE ATKINS, ROBERT C. NAME STREET ADDRESS GTV-ST-2P ST. AUGUSTINE FL TITLE ATKINS, CAROL P. STREET ADDRESS GTV-ST-2P ST. AUGUSTINE FL TITLE ATKINS, CAROL P. STREET ADDRESS GTV-ST-2P ST. AUGUSTINE FL TITLE ATKINS, CAROL P. STREET ADDRESS GTV-ST-2P ST. AUGUSTINE FL TITLE ATKINS, CAROL P. ATKINS, CAROL P. STREET ADDRESS GTV-ST-2P ST. AUGUSTINE FL TITLE ATKINS, CAROL P. STREET ADDRESS GTV-ST-2P ST. AUGUSTINE FL TITLE ATKINS, CAROL P. STREET ADDRESS GTV-ST-2P ST. AUGUSTINE FL TITLE ANAE STREET ADDRESS GTV-ST-2P TITLE ANAE STREET ADDRESS				f State					Frust Fund Contribu	tion.	⊥ Adde	ed to Fees
NAME SITEET ADDRESS OLY - ST- 2P ST. AUGUSTINE FL OTH'S -	10.		OFFICERS AND	DIRECTO	RS	11.		. А	ADDITIONS/CHANGES TO O	FFICERS A		
SIRECT ADDRESS GITY-ST-2IP ST. AUGUSTINE FL VST MME ATKINS, CAROL P. SIRECT ADDRESS GITY-ST-2IP STA AUGUSTINE FL Obelete ITILE ATKINS, CAROL P. SIRECT ADDRESS GITY-ST-2IP TITLE Delete TITLE ATKINS, CAROL P. SIRECT ADDRESS GITY-ST-2IP TITLE MAME SIRECT ADDRESS GITY-		Į- –	OBERT C.				Į.		Unnnnn	272E2	Change	Addition
ATKINS, CAROL P. STREET ADDRESS GITY-ST-ZP ST. AUGUSTINE FL D ATKINS, CAROL P. STREET ADDRESS GITY-ST-ZP ST. AUGUSTINE FL D ATKINS, CAROL P. STREET ADDRESS GITY-ST-ZP ST. AUGUSTINE FL TITLE NAME ATKINS, CAROL P. STREET ADDRESS GITY-ST-ZP ST. AUGUSTINE FL TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS GITY-ST-ZP TITLE STREET ADDRESS GITY-ST-ZP TITLE NAME STREET	STREET ADDRESS	3555 AGRI	UCULTURAL CTR DR	-	••				02/03/04-80039-009 150.00		30	
STREET ADDRESS GITY-ST-ZIP ST. AUGUSTINE FL ITILE Delete TITLE STREET ADDRESS GITY-ST-ZIP ST. AUGUSTINE FL ITILE Delete TITLE STREET ADDRESS GITY-ST-ZIP ST. AUGUSTINE FL ITILE INAME STREET ADDRESS GITY-ST-ZIP ST. AUGUSTINE FL ITILE INAME STREET ADDRESS GITY-ST-ZIP ITILE NAME STREET ADD	TITLE	1				1					Change	Addition
CITY-ST-ZIP ST. AUGUSTINE FL CITY-ST-ZIP TITLE D Delete TITLE NAME STRET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TO belete NAME STRET ADDRESS CITY-ST-ZIP TO belete TITLE NAME STRET ADDRESS CITY-ST-ZIP TO belete TITLE NAME STRET ADDRESS CITY-ST-ZIP TO belete NAME STRET ADDRESS CITY-ST-ZIP TO belete TITLE NAME STRET ADDRESS CITY-ST-ZIP TO belete NAME STRET ADDRESS CITY-ST-ZIP TO belete NAME STRET ADDRESS CITY-ST-ZIP TO belete TITLE NAME STRET ADDRESS CITY-ST-ZIP TO belete TITLE NAME STRET ADDRESS CITY-ST-ZIP TO belete TO belete TITLE NAME STRET ADDRESS CITY-ST-ZIP TO belete TO belete TITLE NAME STRET ADDRESS CITY-ST-ZIP TO belete TO bel												
ATKINS, CAROL P. STREET ADDRESS CITY-ST-ZP ST. AUGUSTINE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TO A												
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	TITLE	L"		☐ Delete							Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO believe TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TO believe TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TO believe TITLE NAME STREET ADDRESS CITY-ST-ZIP TO believe TITLE NAME STREET ADDRESS CITY-ST-ZIP TO believe TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TO believe TITLE NAME STREET ADDRESS CITY-ST-ZIP TO believe TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TO believe TITLE NAME NAME NAME NAME NAME NAME NAME NAM		· ·					I					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE 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)(f). 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 attachmapt with an address, with all other like empowered.	1					CITY	'-ST-ZIP				<u>.</u>	
STREET ADDRESS CITY-ST-ZIP TITLE 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 cath, 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.	1				☐ Delete		1				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO belete TITLE 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.							1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(1), 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.	i		•			CITY	- ST- ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE 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)(1). 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.	TITLE				☐ Delete	- 6					☐ Change	Addition
CITY-ST-ZIP TITLE 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.	i					1 1	- !					
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.	•					CITY	'-ST-ZIP					
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 if 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.					Delete		1				Change	Addition
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 if 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.	_					- 1	í					
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 if 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: Carol P. Atkins 01/28/04 904 824-2223	indicated of the co	l on this repo rooration or ti	rt or supplemental report i he receiver or trustee emp	s true and owered to	accurate and that neceute this report	ny signa as requ	dura chall bava t	ha cam	a laggi effect se it made und:	ar cath tha	it I am an office	er or director
	SIGNAT	IURF:	Carol P. At	ttick kins	ño				01/28/04	904	824-222	3

FILED

Daylime Phone #

Date