


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90062 016 \*\*\*\*50.00

**DOCUMENT # L03000042824**

1. Entity Name  
**R & S ENTERPRISES, LLC.**



Principal Place of Business      Mailing Address

23273 HARBORVIEW RD      23273 HARBORVIEW RD  
 PORT CHARLOTTE FL 33980      PORT CHARLOTTE FL 33980  
 US      US

2. Principal Place of Business      3. Mailing Address

**23273 HARBORVIEW RD**      **SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**PORT CHARLOTTE, FL**      **SAME**

Zip      Country      Zip      Country

**33980**      **FLORIDA**      **33980**      **FLORIDA**



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

**RAY, VERNACATOLA**  
**23273 HARBORVIEW RD**  
**PORT CHARLOTTE FL 33980**

4. FEI Number      Applied For

**13-4269067**       Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name: **SAME**

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]*      DATE: **4-22-04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>PRES.</b> <input type="checkbox"/> Delete
NAME	<b>RAY VERNACATOLA</b>
STREET ADDRESS	<b>23273 HARBORVIEW RD</b>
CITY - ST - ZIP	<b>PORT CHARLOTTE, FL 33980</b>
TITLE	<b>V- PRES</b> <input type="checkbox"/> Delete
NAME	<b>STEVE TROMBLEY</b>
STREET ADDRESS	<b>23273 HARBORVIEW RD</b>
CITY - ST - ZIP	<b>PORT CHARLOTTE, FL 33980</b>
TITLE	<b>SEC'Y</b> <input type="checkbox"/> Delete
NAME	<b>STEVE TROMBLEY</b>
STREET ADDRESS	<b>23273 HARBORVIEW RD</b>
CITY - ST - ZIP	<b>PORT CHARLOTTE, FL 33980</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: **4-22-04**      DAYTIME PHONE #: **941-764-0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE