2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000000023

1. Entity Name
R & S ASSEMBLY, INC.

Principal Place of Business	Mailing Address
8451 MCALLISTER WAY ROYAL PALM BEACH, FL 33411-3715	8451 MCALLISTER WAY ROYAL PALM BEACH, FL 33411-3715

DO NOT WRITE IN THIS SPACE

03262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3632785

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIMBLE, JIM
324 LAS PALMAS STREET
ROYAL PALM BEACH, FL 33411

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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 Jim Trimble, Pres 3/26/04
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRIMBLE, JIM
STREET ADDRESS	324 LAS PALMAS STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	D
NAME	DEMARCO, ROBERT
STREET ADDRESS	14072 PADDOCK DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D
NAME	SONSINI, MICHAEL
STREET ADDRESS	4664 ISLAND REEF DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/04-80050-002 158.75

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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: Jim Trimble 3/26/04 561-793-6029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #