## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000000408**

1. Entity Name

R&F PROPERTIES OF CENTRAL FLORIDA, INC.



Principal Place of Business

1319 GEORGIA BLVD. ORLANDO, FL 32803 Mailing Address

1319 GEORGIA BLVD. ORLANDO, FL 32803



**FILED** 

Apr 01, 2004 08:00 AM Secretary of State

03152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3616165 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Certificate of Status Desired

Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FARLESS, PATRICIA L 1319 GEORGIA BLVD. ORLANDO, FL 32803

## 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		<ol> <li>Election Campaign Finan- Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	U00000100621 84/81/04-80015-003 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLESS, PATRICIA L 1319 GEORGIA BLVD. ORLANDO, FL 32803				
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-57-ZIP			DO NOT WRITE		
STREET ADDRESS CITY ST-ZIP			IN THIS SPACE		
TIFLE NAME STREET ADDRESS CHY+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.

SIGNATURE:

NAME STREET ADDRESS GITY-ST-ZIP

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/15/04 (407)896-