2004 FOR PROFIT-CORPORATION ANNUAL REPORT (AR)

Mar 30, 2004 8:00 am **Secretary of State** DOCUMENT # P0000007093 --03-30-2004 90001 033 ***150.00 REBKEY OF TALLAHASSEE, INC. Principal Place of Business Mailing Address 1778 LA FRANCE TR. TALLAHASSEE FL 32310 1778 LA FRANCE TR. TALLAHASSEE FL 32310 54024068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3621277 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32305. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHANS, SUSAN R 1778 LA FRANCE TR. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32310 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be 9. Election Campaign Financing Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete NAME SCHANS, SUSAN R NAME STREET ADDRESS 1778 LA FRANCE TR. STREET ADDRESS 32305 CITY-STEZIP TALLAHASSEE FL 32310 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition SCHANS, STEVEN NAME STREET ADDRESS 1778 LA FRANCE TERR STREET ADDRESS 32305 CITY-STEZIE TALLAHASSEE FL 32310 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

teur Schons Steven Sch SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Steven Schans

FILED

650 677-7961

Daytime Phone #