## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State DOCUMENT # P00000016715 1. Entity Name 05-03-2004 90681 005 \*\*\*150.00 RVD GROUP, INC. Principal Place of Business Mailing Address 9301 OLD KINGS ROAD JACKSONVILLE FL 32257 9301 OLD KINGS ROAD JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 59-3628908 City & State City & State 4. FEI Number Applied For 59-3628513 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOSTIE, RICHARD R. Street Address (P.O. Box Number is Not Acceptable) 93010 OLD KINGS RD S JACKSONVILLE FL 32257 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DP ☐ Delete TITLE 185 Addition christopher C Dostie NAME DOSTIE, RICHARD R NAME 9301 old Kings Rd 5 STREET ADDRESS 9301 OLD KIGS ROAD STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-7IP CITY-ST-7P JUCKSONULIE FL 32257 **VPS** TITLE Delete TITLE ☐ Change ☐ Addition SMITH, BEVERLY A NAME NAME 9301 OLD KINGS RD. S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DOSTIE, RICHARD JR STREET ADDRESS 9301 OLD KINGS RD. S. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP JACKSONVILLE FL 32257 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME 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 ☐ Change ☐ Addition TITLE ☐ Delete 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

AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**