

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000036877

1. Entity Name
RC STROUSE, INC.



Principal Place of Business
**262 MARJOIRE BLVD.
LONGWOOD, FL 32750**

Mailing Address
**958 LAURA STREET
CASSELBERRY, FL 32707**



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3173054

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEERS, MARTHA
958 LAURA STREET
CASSELBERRY, FL 32707**

**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 Martha Beers
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/04

**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**

**000000065704
02/25/04-80046-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **STROUSE, RUSSELL C**
STREET ADDRESS **262 MARJORIE BLVD.**
CITY-ST-ZIP **LONGWOOD, FL 32750**

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IN THIS SPACE**

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: Kimberly C. Stou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

Date

407 247 7683

Daytime Phone #