

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000110360

1. Entity Name

R & M ENTERPRISES OF NORTH FLORIDA, INC.



Principal Place of Business

1008 LORING AVE
SUITE 29
ORANGE PARK, FL 32003

Mailing Address

1008 LORING AVE
SUITE 29
ORANGE PARK, FL 32003



01292004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3686489

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLOTT, ARNOLD H
334 E. DUVAL ST.
JACKSONVILLE, FL 32202

**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 reinstalling)

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

U000000110118
04/12/04-80070-015 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KENNEY, KEVIN
STREET ADDRESS 1644 MISTY LAKE DR.
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE D
NAME KENNEY, EYDIE J
STREET ADDRESS 1644 MISTY LAKE DR.
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Kevin Kenney

SECY

4/9/04

904-215-9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #