

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000016611

1. Entity Name
RIFE ENTERPRISES UNLIMITED, INC.



Principal Place of Business
**4620 6TH STREET WEST
LEHIGH ACRES, FL 33971**

Mailing Address
**4620 6TH STREET WEST
LEHIGH ACRES, FL 33971**



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1078726

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIFE, TRACIE M
4620 6TH STREET WEST
LEHIGH ACRES, FL 33971**

**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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RIFE, HAROLD W
STREET ADDRESS	4620 6TH STREET WEST
CITY - ST - ZIP	LEHIGH ACRES, FL 33971
TITLE	SVD
NAME	RIFE, TRACIE M
STREET ADDRESS	4620 6TH STREET WEST
CITY - ST - ZIP	LEHIGH ACRES, FL 33971
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000089611
03/15/04-80098-020 150.00

**DO NOT WRITE
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:

Tracie M. Rife
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04

Date

239 369 3282

Daytime Phone #