

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039590

Entity Name: R.N.C. CORPORATION

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

158 VILLA DI ESTE TERRACE  
UNIT 212  
LAKE MARY, FL 32746

## New Principal Place of Business:

2157 NORTHUMBRIA DR.  
SANFORD, FL 32771 US

## Current Mailing Address:

158 VILLA DI ESTE TERRACE  
UNIT 212  
LAKE MARY, FL 32746

## New Mailing Address:

2157 NORTHUMBRIA DR.  
SANFORD, FL 32771 US

FEI Number: 59-3713948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINCAPIE, DORIS  
158 VILLA DI ESTE TERRACE #212  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

HINCAPIE, DORIS  
2157 NORTHUMBRIA DR.  
SANFORD, FL 32771 US

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.

SIGNATURE: DORIS HINCAPIE

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: HINCAPIE, DORIS  
Address: 158 VILLA DI ESTE TERRACE #212  
City-St-Zip: LAKE MARY, FL 32746

Title: VSD (X) Delete  
Name: RAMIREZ, ALVARO  
Address: 158 VILLA DI ESTE TERRACE #212  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: HINCAPIE, DORIS  
Address: 2157 NORTHUMBRIA DR.  
City-St-Zip: SANFORD, FL 32771 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS HINCAPIE

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date