

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90346 001 ***150.00

DOCUMENT # P01000063875

1. Entity Name
R & D INNOVATIVE PRODUCT DESIGNERS, INC.



Principal Place of Business
**2312 LOB LOLLY LANE
DEERFIELD BEACH, FL 33442**

Mailing Address
**2312 LOB LOLLY LANE
DEERFIELD BEACH, FL 33442**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3608267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LENZ, RANDALL G
2312 LOB LOLLY LANE
DEERFIELD BEACH, FL 33442**

**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	PSD
NAME	LENZ, RANDALL G
STREET ADDRESS	2312 LOB LOLLY LANE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

TITLE	VTD
NAME	LENZ, DARRYL H
STREET ADDRESS	2312 LOB LOLLY LANE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DARRYL LENZ VTD **4-18-04** **954-421-1835**