

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000072449**

1. Entity Name  
RCD ENTERPRISES, INC.



Principal Place of Business  
1992 ILLINOIS AVE. N.E.  
ST. PETERSBURG, FL 33703

Mailing Address  
1992 ILLINOIS AVE. N.E.  
ST. PETERSBURG, FL 33703

**DO NOT WRITE IN THIS SPACE**

8 F - 1111 3.005 F &

02102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3732778

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DAVIS, RICHARD S  
1992 ILLINOIS AVE. N.E.  
ST. PETERSBURG, FL 33703

**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 *Sarah R. Clark* <sup>SRC</sup>

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

(NOTE: Registered Agent signature required when reinstalling)

2/13/04

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

U00000057186  
02/19/04-80052-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DAVIS, RICHARD S  
STREET ADDRESS 1992 ILLINOIS AVE. N.E.  
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE D  
NAME CLARK, SARAH R  
STREET ADDRESS 1992 ILLINOIS AVE. N.E.  
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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)(f), 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: *Sarah R. Clark* *Sarah R. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04 727-527-5551

Date

Daytime Phone #