2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

ANNUAL REPORT			Secretary of State	
DOCUMENT # P01000081944			05-03-2004 91254 029 ***150.00	
Entity Name R.V.L. ENTERPRISES, INC.				
N.V.E. ENTENT MOEG, ING.	i			
Principal Place of Business	Mailing Address	CO WE	rv	000012
7535 BLACKIACK CIRCLE	7535 BLACKJACK CIRCLE	<u> </u>		
NAVARRE, FL 32566	NAVARRE, FL 32566			
2. Principal Place of Business 2/34 DAK STREAM AVE	3. Mailing Address 2/34 OAK S	STREAM AVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04302004 Chg-F	CR2E034 (10/03)
PENSACOLA FL	City & State PENSACOLA	FL	4. FEI Number 59-3741273	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status De	Sired S8.75 Additional
32526 us	37526	-N-2-		Fee Required
6. Name and Address of Curren	Hegistered Agent	Name	7. Name and Address of	New Registered Agent
LONG, ROY V			<u>-</u>	
7535 BLACKJACK CIRCLE		Street Address (P.O. Box Number is Not Acceptable)		
NAVARRE, FL 32566		<u> </u>	UMR STREET	AVE
;				
•		City PEN	5ACOL.	FL Zig
8. The above named entity submits this statement f	or the purpose of changing its r			ite of Florida. I am familiar with, and accept
the obligations of registered agent.				
Signature, lyped or printed name of registered ager	and title if applicable (A)OTE	Registered Agent signature requin	od udan collectors)	DATE
Signature, typed or printed name or registered ager	g a o the il applicable. (NO.C.	negiste-ed Agent signature requir	ed when emotiting)	UNIC
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campaig Trust Fund Contri		5.00 May Be Ided to Fees	
10. OFFICERS AND		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 11
TITLE P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME LONG, ROY V		NAME		
STREET ADDRESS 7535 BLACKJACK CIRCLE CITY-ST-ZIP NAVARRE FL 32566		STREET ADDRESS 31	BY DAK STRE ENSAGOLA 1	AM AVE
	По	- TR	ENSHIOLA 1	
NAME LONG, SUE	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS 7535 BLACKJACK CIRCLE			34 DAK STA	REAM AVE
CITY-ST-ZIP NAVARRE, FL 32566	·	CHTY-ST-ZIP	34 DAK STA ENSACOLA	L 32526
TITLE	Delete	TITLE		Change Addition
NAME		NAME ATRECT LEGGERS		
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY-ST-ZIP		
	Delete	TITLE		☐ Change ☐ Addition
TITLE NAME	□ Delete	NAME		Change Addition
STREET ADDRESS		STREET ADDRESS		

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAMÉ

SIGNATURE:

CITY - S1 - ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

4/30/04 Date

8509440429

☐ Change

□ Chaпge

☐ Addition

☐ Addition