2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P01000090225 1. Entity Name 04-05-2004 90011 040 ***150.00 RVP, INC. Principal Place of Business Mailing Address 1474 MANATEE CIRCLE TARPON SPRINGS FL 34689 1474 MANATEE CIRCLE 11202011 TARPON SPRINGS FL 34689 3. Mailing Address 2. Principal Rlace of Business A M Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State 4. FEI Number Applied For 59-3747024 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PELLECHIO, ROBERT ber is Not Acceptable 1474 MANATEE CIRCLE TARPON SPRINGS FL 34689 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. am with, and accept familiar the obligations of registered agent **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE ted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Defete TITLE PELLECHIO, ROBERT NAME 1303 STREET ADDRESS 1474 MANATEE CIRCLE STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-7IP TITLE VS. ☐ Delete TITLE Change ☐ Addition PELLECHIO, CAROL A NAME NAME 1474 MANATEE CIRCLE STREET ADDRESS STREET ADDRESS 34655 TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 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.

FILED