


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90465 001 ***150.00

DOCUMENT # P01000092319	
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1. Entity Name
ROHBASS PRODUCTION COMPANY

Principal Place of Business POST OFFICE BOX 616478 ORLANDO, FL 32861-6478	Mailing Address POST OFFICE BOX 616478 ORLANDO, FL 32861-6478
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14017451



2. Principal Place of Business <i>Post Office Box 618302</i>	3. Mailing Address <i>Post Office Box 618302</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State <i>Orlando FL</i>	City & State <i>Orlando FL</i>
Zip <i>32861-8302</i>	Zip <i>32861-8302</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number
59-3748884

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	
REID, ROHAN 6730 FAIRWAY COVE DR ORLANDO, FL 32835	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<i>2035 S Kirkman Rd Apt 102</i>	
City <i>Orlando</i>	FL Zip Code <i>32811</i>

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, ROHAN 6730 FAIRWAY COVE DR ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reid, Rohan 2035 S Kirkman Rd Apt 102 Orlando FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  04-29-04 407-523-8208