

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 017 ***150.00

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1. Entity Name
ROAD-RAG INC.



Principal Place of Business
1290 ARAGON STREET
HOLLY HILL, FL 32117

Mailing Address
1290 ARAGON STREET
HOLLY HILL, FL 32117

94020734



2. Principal Place of Business

700 E. Dania Beach
Suite, Apt. #, etc.
202.

3. Mailing Address

37 Rue Lucien
Suite, Apt. #, etc.

02102004

Chg-P

CR2E034 (10/03)

City & State

Dania, FL

City & State

St-Philippe, QC

4. FEI Number

98-0358559

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

J0L 2K0

Country

Canada

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 PD
NAME ETHIER, ROBERT
STREET ADDRESS 1290 ARAGON STREET
CITY-ST-ZIP HOLLY HILL, FL 321172447

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Ethier, Robert.
NAME 37 rue Lucien.
STREET ADDRESS St-Philippe, QC
CITY-ST-ZIP J0L 2K0 Canada

TITLE
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STREET ADDRESS
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NAME
STREET ADDRESS
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.

SIGNATURE:

Robert Ethier Robert Ethier 20 Feb. 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #