

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000116429

1. Entity Name
RPT, INC.



Principal Place of Business
**6363 COCOA LANE
APOLLO BEACH, FL 33572**

Mailing Address
**6363 COCOA LANE
APOLLO BEACH, FL 33572**



07/12/04 No Chg P GR25034 (10/03)

4. FPI Number 30-0045995	Applied for Not Applicable
5. Certificate of Status Ordered ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**HILL, PAULA J
6363 COCOA LANE
APOLLO BEACH, FL 33572**

**DO NOT WRITE
IN THIS SPACE**

7. The undersigned hereby certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida, from former office and address, and designations of registered agent.

SIGNATURE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

8. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
NAME HILL, PAULA J	
ADDRESS 6363 COCOA LANE APOLLO BEACH, FL 33572	
POSITION PRESIDENT	
DATE OF TERM 07/12/04	
NAME [Blank]	
ADDRESS [Blank]	
POSITION [Blank]	
DATE OF TERM [Blank]	
NAME [Blank]	
ADDRESS [Blank]	
POSITION [Blank]	
DATE OF TERM [Blank]	

**U00000167723
07/22/04-80006-012 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I, the undersigned, hereby certify that the information appearing on this form is true and correct for the purposes stated in Section 140.01(1), Florida Statutes. I further certify that the information is true and correct for the purposes of the annual report 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, and that the name of the person or persons to whom the certificate is issued is the name of the person or persons who have been elected, appointed, or designated as officers or directors of the corporation, and that my name appears in Block 10 or Block 11 of this form.

SIGNATURE:

Paula J Hill

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR