

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90003 042 ***150.00

DOCUMENT # P02000006240

1. Entity Name
R & A VACUUM, INC.



Principal Place of Business
**230 W. CENTRAL AVE.
WINTER HAVEN, FL 33880**

Mailing Address
**230 W. CENTRAL AVE.
WINTER HAVEN, FL 33880**

54068709



DO NOT WRITE IN THIS SPACE

08062004 No Chg-P CR2E034 (10/03)

4. FEI Number
80-0027923

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RALPH, MICHAEL F
230 W. CENTRAL AVE.
WINTER HAVEN, FL 33880**

**DO NOT WRITE
IN THIS SPACE**

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 **Michael Ralph**

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
Due by September 8, 2004**

9. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RALPH, MICHAEL F 230 W. CENTRAL AVE. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AGNELLO, SUSAN 230 W. CENTRAL AVE. WINTER HAVEN, FL 33880
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **Michael Ralph**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #