

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90002 026 ***150.00

DOCUMENT # P02000061888

1. Entity Name

RS BROKERAGE, INC.



Principal Place of Business

PO BOX 110177
NAPLES FL 34108

Mailing Address

PO BOX 110177
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
01-0705566

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMSEY, BEN L
10641 AIRPORT ROAD, NORTH, SUITE 30
NAPLES FL 34109

Name RAMSEY, BEN L.
Street Address (P.O. Box Number is Not Acceptable)
89 WICKLIFFE DR
NAPLES,
City NAPLES FL Zip Code 34110

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 BEN L RAMSEY - President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-12-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 PD ☒ Delete
NAME RAMSEY, BEN L
STREET ADDRESS 89 WICKLIFFE DRIVE
CITY-ST-ZIP NAPLES FL 34110

TITLE Vice Pres ☐ Change ☒ Addition
NAME JENNIFER RAMSEY
STREET ADDRESS 89 WICKLIFFE DR
CITY-ST-ZIP NAPLES, FL. 34110

TITLE VD ☒ Delete
NAME JOHNSTON, JEREMIAH
STREET ADDRESS 100 DIAMOND CIRCLE, #107
CITY-ST-ZIP NAPLES FL 34110

TITLE S+T. ☐ Change ☒ Addition
NAME Nelly Ramsey
STREET ADDRESS 89 WICKLIFFE DR
CITY-ST-ZIP NAPLES FL. 34110

TITLE SD ☒ Delete
NAME RAMSEY, BEN L
STREET ADDRESS PO BOX 110177
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME JOHNSTON, JEREMIAH
STREET ADDRESS PO BOX 110177
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: BEN L RAMSEY - BEN L RAMSEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04
Date

239-597-5500
Daytime Phone #