

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90008 003 ***150.00

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1. Entity Name
RAPID STABILITY CORPORATION



Principal Place of Business
**6823 NW 218TH STREET
ALACHUA, FL 32615**

Mailing Address
**6823 NW 218TH STREET
ALACHUA, FL 32615**

94034698



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
592368932 52-2368932	Not Applicable

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

6. Name and Address of Current Registered Agent

**HEUSS, MICHAEL
6823 NW 218TH STREET
ALACHUA, FL 32615**

**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

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	D
NAME	HEUSS, MICHAEL
STREET ADDRESS	6823 NW 218TH STREET
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	TERRELL, RICHARD
STREET ADDRESS	3625 MONTVALE CROSSING
CITY-ST-ZIP	CUMMING, GA 30041
TITLE	D
NAME	REGULA, JAY
STREET ADDRESS	3460 SW 147TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	ALMACEN, JOY
STREET ADDRESS	9556 NW 38TH COURT
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

386462-5070

Daytime Phone #