

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000092987

1. Entity Name  
R & C ENTERPRIZE INC.



**FILED  
Sep 13, 2004 8:00 am  
Secretary of State**

09-13-2004 90005 020 \*\*\*150.00

34072782



09092004 Chg-P CR2E034 (10/03)

Principal Place of Business  
2918 SE. 8TH. PL.  
CAPE CORAL, FL 33904

Mailing Address  
2918 SE. 8TH. PL.  
CAPE CORAL, FL 33904

2. Principal Place of Business  
3. Mailing Address  
P.O. Box 151029

Suite, Apt. #, etc.

City & State  
CAPE CORAL, FL.

Zip  
33915

Country  
U.S.A.

4. FEI Number  
22-3867152

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CEDENO, CINDY  
2918 SE. 8TH. PL.  
CAPE CORAL, FL 33904

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 *Cindy Cedeno*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-8-04

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CEDENO, CINDY  
STREET ADDRESS 2918 S.E. 8TH PL  
CITY-ST-ZIP CAPE CORAL, FL 33904

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Charge  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Charge  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Charge  Addition

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: *Cindy Cedeno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-04 239 2294548  
Date Daytime Phone #

Attachment

54072782  
# P02000092987

September 8, 2004

To Whom It May Concern:

IM WRITING TO INFORM YOU THAT WE HAVE NOT RECEIVED OUR DIVISION OF CORPERATION PAPERS SO THAT WE COULD FILE. WE HAVE BEEN HAVING PROBLEMS WITH OUR MALMAN ALSO I SPOKE TO THE POSTMASTER ABOUT IT WE HAVE BEEN GETTING OUR MAIL MAILED TO DIFFERENT ADDRESSES OUR ADDRESS IS 2918 SE 8<sup>TH</sup> PL, BUT OUR MAILMAN HAS BEEN DELIVERING TO 2918 SE 8<sup>TH</sup> ST OR SE 8<sup>TH</sup> TER. PLEASE MAKE A NOTE OF OUR NEW MAILING ADDRESS THAT IS PO BOX 151029, CAPE CORAL, FL, 33915 . IF YOU HAVE ANY QUESTIONS PLEASE CALL MY HUSBAND RAUL @ 239-2294548 AND HE WILL BE HAPPY TO ANSWER ANY QUESTION. OUR EIN # 223867152 , THAT'S R&C ENTERPRIZE INC.. ENCLOSED IS A CHECK FOR \$150.00

THANK YOU,

*Cindy Cedeno*  
CINDY CEDENO