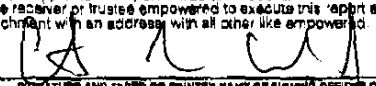


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90130 005 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000095421			
1. Entity Name STATEWIDE REBAR PLACEMENT, INC.			
Principal Place of Business 20825 OUR COURT BONITA SPRINGS, FL 34135 8141 Mainline PKWY Ft Myers FL 33912		Mailing Address 20825 OUR COURT BONITA SPRINGS, FL 34135 Same	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 52-2375978		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, CURTIS JR 20825 OUR COURT BONITA SPRINGS, FL 34135 8141 Mainline PKWY Ft Myers FL 33912			
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 his or her approver. (NOTE: Registered Agent signature required when renewing)			
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: WOLF, SHEILA STREET ADDRESS: 27264 GASPARILLA DR CITY-ST-ZIP: BONITA SPRINGS, FL 34135		DO NOT WRITE IN THIS SPACE	
TITLE: D NAME: WOLFE, CURTIS JR STREET ADDRESS: 20825 OUR COURT CITY-ST-ZIP: BONITA SPRINGS, FL 34135			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: 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)(a), 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			