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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	Mailing Address
~~25825 OUR COURT~~ ~~BONITA SPRINGS, FL 34135~~ 8141 Mainline PKWY Ft Myers FL 33912	~~25825 OUR COURT~~ ~~BONITA SPRINGS, FL 34135~~ Same

DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

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
~~25825 OUR COURT~~
~~BONITA SPRINGS, FL 34135~~
8141 Mainline PKWY
Ft. Myers FL 33912

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
TITLE	D
NAME	WOLFE, CURTIS JR
STREET ADDRESS	25825 OUR COURT
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 — Date — Daytime Phone #