


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90318 044 ***150.00

DOCUMENT # P02000102162	
1. Entity Name R&A RELOCATION SERVICES INC.	

Principal Place of Business 3713 COPPERTREE CIR BRANDON, FL 33511	Mailing Address 3713 COPPERTREE CIR BRANDON, FL 33511
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94056607

2. Principal Place of Business 2225 Laurel Oak Drive Suite, Apt. #, etc.	3. Mailing Address 2225 Laurel Oak Drive Suite, Apt. #, etc.
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City & State Valrico, FL	City & State Valrico, FL
Zip 33594	Zip 33594
Country	Country

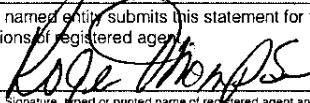
04142004 Chg-P CR2E034 (10/03)

4. FEI Number 54-2078935	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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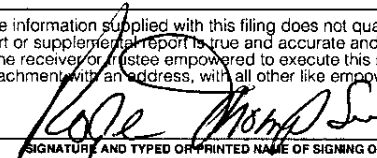
6. Name and Address of Current Registered Agent THOMPSON, ROGER 3713 COPPERTREE CIR BRANDON, FL 33511	
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7. Name and Address of New Registered Agent Name Thompson, Roger Street Address (P.O. Box Number is Not Acceptable) 2225 Laurel Oak Drive City Valrico FL Zip Code 33594	
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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:  Roger Thompson	DATE: 4/14/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, ROGER 3713 COPPERTREE CIR. BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thompson, Roger 2225 Laurel Oak Drive Valrico, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, ANNA 3713 COPPERTREE CIR. BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thompson, Anna 2225 Laurel Oak Drive Valrico, FL 33594 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Roger Thompson	DATE: 4/14/04