

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90080 001 ***300.00

DOCUMENT # P02000106542

1. Entity Name
RTESIGN, INC



Principal Place of Business
305 N. PARSONS AVE.
BRANDON, FL 33510

Mailing Address
305 N. PARSONS AVE.
BRANDON, FL 33510

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2297079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REEDY, MICHAEL CPA
305 N. PARSONS AVE.
BRANDON, FL 33510

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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	ZETTERGREN, LENNART
STREET ADDRESS	305 N. PARSONS AVE.
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	VP
NAME	HOWARD, MICHAEL
STREET ADDRESS	585 43RD ST., #A
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	D
NAME	ANNA ZETTERGREN
STREET ADDRESS	1750 N.W. 192ND ST.
CITY-ST-ZIP	SHORELINE WA. 98177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Lennart Zettergren **Lennart Zettergren** **02/02/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #