## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 19, 2004 08:00 AM DOCUMENT # P02000132475 **Secretary of State** RG THROWER, INC. Mailing Address Principal Place of Business 5829 MCCALL RD 5829 MCCALL RD PACE, FL 32571 PACE, FL 32571 03092004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1865398 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE THROWER, RALPH G JR 5829 MCCALL RD PACE, FL 32571 IN THIS SPACE 3. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000117531 04/19/04-80024-003 150.00 THROWER, RALPH G JR HAME 5829 MCCALL RD STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 TITT F NAME STREET ADDRESS CITY-SY-ZIP 717: F STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITUE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or project 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 wit

**FILED**