

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90023 015 ***150.00

DOCUMENT # P03000002037

1. Entity Name
RATTLESNAKE GROVE, INC.



J4020700

Principal Place of Business
**5900 HWY 17-92
LAKE ALFRED, FL 33850**

Mailing Address
**5900 HWY 17-92
LAKE ALFRED, FL 33850**



2. Principal Place of Business

3. Mailing Address

P.O. Box 1302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004

Chg-P

CR2E034 (10/03)

City & State

City & State

LAKE ALFRED

4. FEI Number

57-1145114

Applied For

Not Applicable

Zip

Country

Zip

Country

33850

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEAN, DOUGLAS A
300 N CIRCLE
SEBRING, FL 33870**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MILLER, LYNN R**
STREET ADDRESS **5900 HWY 17-92**
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **MILLER, CAROLYN**
STREET ADDRESS **5900 HWY 17-92**
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **BROZIO, DEBORAH M**
STREET ADDRESS **5900 HWY 17-92**
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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)(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: **Carolyn L Miller, Carolyn L Miller** 1/30/2004 863-956-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CAROLYN MILLER