

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90002 021 \*\*\*158.75

**DOCUMENT # P03000012378**



1. Entity Name  
**REGGAE RUNNINS, INC.**

Principal Place of Business  
**6702 SW 18TH COURT  
POMPANO BEACH, FL 33068**

Mailing Address  
**6702 SW 18TH COURT  
POMPANO BEACH, FL 33068**

**54062380**



2. Principal Place of Business  
**2613 NW 64 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**2613 NW 64 AVE**  
Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State  
**MARKATE FLORIDA**  
Zip  
**33063**  
Country  
**U.S.A.**

City & State  
**MARKATE FLORIDA**  
Zip  
**33063**  
Country  
**U.S.A.**

4. FEI Number  
**02-0671420**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARRICK, LLOYD  
6702 SW 18TH COURT  
POMPANO BEACH, FL 33068**

**7. Name and Address of New Registered Agent**

Name  
**GARRICK, LLOYD**  
Street Address (P.O. Box Number is Not Acceptable)  
**2613 NW 64 AVE**  
City  
**MARKATE** FL Zip Code  
**33063**

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 **Lloyd A Garrick**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/6/04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARRICK, LLOYD 6702 SW 18TH COURT POMPANO BEACH, FL 33068</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRANT, RALSTON 2017 NW 46TH AVENUE, #202A LAUDERHILL, FL 33313</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ERIC SAUERMAN 2613 NW 64 AVE MARKATE, FL 33063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Lloyd A Garrick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/6/04**

Daytime Phone #