

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90013 005 ***150.00

DOCUMENT # P03000021777

1. Entity Name

ALL CLASS R & R SALES AND SERVICE, INC.



Principal Place of Business

POST OFFICE BOX 340
MACCLENNY FL 32063

Mailing Address

POST OFFICE BOX 340
MACCLENNY FL 32063

44030436



MOORE

CR2E034 (4/04)

2. Principal Place of Business

10525 Duval Lane

3. Mailing Address

PO Box 340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MACCLENNY, FL

City & State

MACCLENNY, FL

Zip

Country

32063

USA

Zip

Country

32063

USA

4. FEI Number

41 2084843

Applied For

Not Applicable

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

COLLINS, JAMES R
4488 DOUGLAS STREET
MACCLENNY FL 32063

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 COLLINS, JAMES R
STREET ADDRESS 4488 DOUGLAS STREET
CITY-ST-ZIP MACCLENNY FL 32063

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-27-04 (904) 259-4774

Attachment

44050496
#P03000021777

TO Whome It may Concern.
We never received
the initial Annual Report.
When we received the remainder
we called & spoke with
a Division of Corp. Representative
who said we needed to request
one be sent (which we did) to
us & include a note of
explanation with completed
Report & 150.00 CK. Thank
you.

Sincerely,

James Collins

(904) 259-4774

(904) 259-6172 Am

(904) 545-3982 Cell