

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90002 022 ***150.00

DOCUMENT # P03000033199

1. Entity Name
RUPERT & SONS INDUSTRIAL DESIGNS, INC.



Principal Place of Business
**441 A SKYWAY DR #2
EDGEWATER, FL 32132 US**

Mailing Address
**2619 SPRUCE CREEK BLVD.
PORT ORANGE, FL 32128**

54073171



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

562332564

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NORRIS, CHRISTOPHER
2619 SPRUCE CREEK BLVD.
PORT ORANGE, FL 32128**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RUPERT, RODNEY**
STREET ADDRESS **2011 JUNIPER DR.**
CITY-ST-ZIP **EDGEWATER, FL 32141**

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

TITLE **CEO** ☒ Delete
NAME **DEMILTA, STEPHEN R**
STREET ADDRESS **1963 COUNTRY CLUB DR.**
CITY-ST-ZIP **DAYTONA BEACH, FL 32128**

TITLE **CFO** ☒ Change ☐ Addition
NAME **CHRISTOPHER NORRIS**
STREET ADDRESS **2619 SPRUCE CRK. BLVD.**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **CFO** ☒ Delete
NAME **METCALF, RICHARD M**
STREET ADDRESS **102 HARBOUR RD.**
CITY-ST-ZIP **DUGSPUR, VA 24325**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

7-8-04

Date

386-304-5777

Daytime Phone #