


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90269 017 ***150.00

DOCUMENT # P03000039902			
1. Entity Name R & S MOBILE ENTERPRISES, INC.			
Principal Place of Business 2077 FIRST STREET SUITE 206 FORT MYERS, FL 33901		Mailing Address 2077 FIRST STREET SUITE 206 FORT MYERS, FL 33901	
2. Principal Place of Business 25191 E. Olympia Avenue		3. Mailing Address 25191 E. Olympia Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Punta Gorda, FL		City & State Punta Gorda, FL	
Zip 33950	Country USA	Zip 33950	Country USA
6. Name and Address of Current Registered Agent MAHER, STEPHEN M ESQ. 2077 FIRST STREET SUITE 206 FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Paul D. Sullivan Street Address (P.O. Box Number is Not Acceptable) 520 E. Olympia Avenue City Punta Gorda FL Zip Code 33950	
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 <u><i>Paul D. Sullivan</i></u> DATE <u>3-26-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELILES, LESLIE E 451 NORMA COURT PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAY BELILES 451 NORMA COURT PUNTA GORDA, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REBECCA MACQUEEN 3906 CANYON LAKE POINT LAKELAND, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u><i>Paul D. Sullivan</i></u> PRESIDENT		Date <u>3-30-04</u> Daytime Phone # <u>941-505-1872</u>	



03252004 Chg-P CR2E034 (10/03)

4. FEI Number
010776059 Applied For
Not Applicable

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