


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90335 022 \*\*\*158.75

**DOCUMENT # P03000093162**  
 1. Entity Name  
**THE REMOTE GROUP, INC.**



Principal Place of Business      Mailing Address  
**9003 LAKE MABEL DRIVE**      **9003 LAKE MABEL DRIVE**  
**ORLANDO, FL 32836 US**      **ORLANDO, FL 32836 US**

**66425023**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

04102004      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**75-3130856**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
 Name: **Glenda Banales**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9003 Lake Mabel Dr**  
 City: **Orlando**      FL      Zip Code: **32836**

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: *Glenda Banales*      Director      4-25-04  
Signature, typed or printed name of registered agent and son 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	BANALES, RICHARD J	9003 LAKE MABEL DRIVE	ORLANDO, FL 32836	<input type="checkbox"/>
	BANALES, GLENDA S	9003 LAKE MABEL DRIVE	ORLANDO, FL 32836	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, 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 files empowered.  
 SIGNATURE: *Glenda Banales*      Director      4-25-04      407-876-6321  
SIGNATURE AND TYPED OR PRINTED NAME OF RESPONDING OFFICER OR DIRECTOR      DATE      DAYTIME PHONE #