2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000154883** 01-13-2004 90019 001 ***150.00 R.P. ENTERPRISE OF HIGHLANDS COUNTY, INC. 01-13-2004 90019 002 *****8.75 Principal Place of Business Mailing Address 2494 S LAKE LETTA DR 2494 S LAKE LETTA DR AVON PARK, FL 33825 AVON PARK, FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For *20-05* Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEARSON, RUSSELL R JR Street Address (P.O. Box Number is Not Acceptable) 2494 S LAKE LETTA DR AVON PARK, FL 33825 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DERECTOR HALL, HUGHSTON F. ☐ Change Addition TITLE Defete TOTALE PEARSON, RUSSELL R JR NAME NAME 2806 WOODRUFF HEIGHTS 2494 S LAKE LÉTTA DR STREET ADDRESS STREET ADDRESS AUDN PARK, FL. 33825 CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP DIRECTOR TITLE Delete TITLE ☐ Change **Addition** DURRANCE, LISA GAY NAME NAME 2494 S. LK. LETTA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVON PARK, FL. 33895 CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TFILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 stustee 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:

FILED

Jan 13, 2004 8:00 am