## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P04000002159** 04-30-2004 90331 030 \*\*\*150.00 R & G SERVICES, INC Principal Place of Business Mailing Address 736 AZALEA LANE 736 AZALEA LANE VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03062004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State Not Applicable 20-0856814 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 RENSINK, WANDA L Street Address (P.O. Box Number is Not Acceptable) 736 AZALEA LANE VERO BEACH, FL 32963 Zip Code City 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, typica or profed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FÉE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change Addition NAME RENSINK, FREDERICK E NAME STREET ADDRESS 736 AZALEA LANE STREET ADDRESS VERO BEACH, IL 32963 CITY-ST-7IP CITY-ST-7IP . • TITLE ☐ Delete TITLE Change Addition RENSINK, WANDA L NAME NAME 736 AZALEA LANE STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAM.F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Delete Addition TITLE

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 incicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

STREET ADDRESS

NAME

NAME STREET ADDRESS

CITY-ST-ZIP