

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90302 050 ***150.00

DOCUMENT # P04000020153

1. Entity Name
FLORIDA R&R INC.



Principal Place of Business
**P.O. BOX 16943
CLEARWATER, FL 33766
1600 10TH ST. S STE 421
SAFETY HARBOR, FL 34695**

Mailing Address
**P.O. BOX 16943
CLEARWATER, FL 33766
1600 10TH ST. S STE 421
SAFETY HARBOR, FL 34695**

20038651



2. Principal Place of Business
**1600 10th Street South
Suite, Apt. #, etc.
Ste 421**

3. Mailing Address
**1600 10th Street South
Suite, Apt. #, etc.
Ste 421**

01212005 Chg-P CR2E034 (10/03)

City & State
Safety Harbor, FL

City & State
Safety Harbor, FL

Zip
34695

Country
USA

4. FEI Number
20-0748983

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**GROW, ROBERT J
430 FAIRWOOD AVE.
APT. #144
CLEARWATER, FL 33759**

7. Name and Address of New Registered Agent
**Name
Grow, Robert J
Street Address (P.O. Box Number is Not Acceptable)
2533 Gulfbreeze Circle
Palm Harbor
City
FL Zip Code
34683**

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 **4/19/05**
Signature, by printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete GROW, ROBERT J 430 FAIRWOOD AVE. #144 CLEARWATER, FL 33759	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2533 Gulfbreeze Circle Palm Harbor, FL 34683
TITLE VP	<input type="checkbox"/> Delete HOWELL, RICHARD W 4101 W. EUCLID AVE. TAMPA, FL 33629	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST	<input type="checkbox"/> Delete HOWELL, RICHARD W 4101 W. EUCLID AVE. TAMPA, FL 33629	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	<input type="checkbox"/> Delete	TITLE <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: **4/19/05** **(727) 723-3597**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #