


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-06-2005 90005 042 61.25
P04000020153

DOCUMENT # P04000020153					
1. Entity Name FLORIDA R&R INC.					
Principal Place of Business P.O. BOX 16943 CLEARWATER, FL 33766			Mailing Address P.O. BOX 16943 CLEARWATER, FL 33766		
2. Principal Place of Business 1121 JACKSON ROAD			3. Mailing Address 1121 JACKSON ROAD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State CLEARWATER FL			City & State CLEARWATER FL		
Zip 33755	Country USA	Zip 33755	Country USA	4. FEI Number 20-0748983	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 HOWELL, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 1121 JACKSON ROAD City CLEARWATER FL Zip Code 33755		
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 RICHARD W HOWELL PRESIDENT <i>[Signature]</i> 05/04/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P GROW, ROBERT J 430 FAIRWOOD AVE. #144 CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOWELL, RICHARD W 1121 JACKSON ROAD CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOWELL, RICHARD W 4101 W. EUCLID AVE. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NELLIE S PAINTER 1121 JACKSON ROAD CLEARWATER, FL 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOWELL, RICHARD W 4101 W. EUCLID AVE. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOWELL, RICHARD W 1121 JACKSON ROAD CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>[Signature]</i> RICHARD W HOWELL		05/04/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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