2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-04-2005 90083 020 ***158.75

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DOCUMENT # P04000036269

1. Entity Name
R & S PROMOTIONAL EVENTS, INC.

Principal Place of Business	Mailing Address
204 E. M.L. KING JR. BLVD. TAMPA, FL 33603 US	204 E. M.L. KING JR. BLVD. TAMPA, FL 33603 US

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

03142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0773850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, RICKY 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

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 NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, RICKY 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ ST Sharon Hunnewell-Johnson 204 E. MLK Blvd Tampa FL 33603	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNNEWELL-JOHNSON, SHARON 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Sharon Hunnewell-Johnson Sharon Hunnewell-Johnson 3/14/05 813-234-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #