2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P23138

1. Entity Name
FLORIDA RS, INC.

Principal Place of Business	Mailing Address
2001 BRYAN # 3700 DALLAS, TX 75201 US	2001 BRYAN # 3700 DALLAS, TX 75201 US

04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0098717
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000144598
04/30/04-80138-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCGWIER, MICH J
STREET ADDRESS	2859 PACES FERRY RD STE 1100
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	PD
NAME	WOOD, EDWARD O
STREET ADDRESS	201 N. NEWYOUK AVE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VD
NAME	CROW, HARLAN R
STREET ADDRESS	2100 MCKINNEY AVE
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	VD
NAME	TERWILLIGER, J RONALD
STREET ADDRESS	2859 PACES FERRY RD # 100
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	V
NAME	KOLAR, ALAN E
STREET ADDRESS	201 N. NEWYORK AVE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	AS
NAME	SHAMLDIN, LEE A
STREET ADDRESS	2001 BRYAN 3100
CITY-ST-ZIP	DALLAS, TX 75201

DO NOT WRITE IN THIS SPACE

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: Lee Ann Shamblin Asst. Secretary 4-28-04 (214) 922-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lee Ann Shamblin