2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P32969

1. Entity Name
RINDT-MCDUFF ASSOCIATES, INC.

Principal Place of Business	Mailing Address
334 CHEROKEE ST. MARIETTA, GA 30060	334 CHEROKEE ST. MARIETTA, GA 30060

06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1369257
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BORDONADO, JAMES
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	RINDT, BRIAN A.
STREET ADDRESS	334 CHEROKEE ST.
CITY-ST-ZIP	MARIETTA, GA 30060
TITLE	D
NAME	PASS, DAVID
STREET ADDRESS	334 CHEROKEE ST.
CITY-ST-ZIP	MARIETTA, GA 30060
TITLE	CFOV
NAME	HAWKINS, FRED C.
STREET ADDRESS	334 CHEROKEE ST.
CITY-ST-ZIP	MARIETTA, GA 30060
TITLE	P
NAME	NICHOLL, SEAN A
STREET ADDRESS	334 CHEROKEE ST.
CITY-ST-ZIP	MARIETTA, GA 30060
TITLE	S
NAME	HUTCHINS, LINDA C
STREET ADDRESS	334 CHEROKEE ST.
CITY-ST-ZIP	MARIETTA, GA 30060
TITLE	D
NAME	BILLS, TOM
STREET ADDRESS	334 CHEROKEE ST.
CITY-ST-ZIP	MARIETTA, GA 30060

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07/07/04-80036-019 158.75

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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: _____ 7/1/04 770-427-8123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #