

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000072593

1. Entity Name
R & D CLASSIC'S, INC.



Principal Place of Business
**255 S.E. HWY. 19
SUNCOAST PLAZA, #1
CRYSTAL RIVER, FL 34429**

Mailing Address
**255 S.E. HWY. 19
SUNCOAST PLAZA, #1
CRYSTAL RIVER, FL 34429**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3212242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELSWICK, DIANA E
255 S.E. HWY. 19
SUNCOAST PLAZA, #1
CRYSTAL RIVER, FL 34429**

**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: *Diana E Elswick* **No charge (over)**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV ELSWICK, DIANA E 8727 N. MAPLE AVENUE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS ELSWICK, RODNEY L 8727 N. MAPLE AVENUE CRYSTAL RIVER, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UPON 148100
05/03/04-00:33-014 150.00

**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: *Diana E Elswick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 352-564-0162
Date Daytime Phone #