

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000082881

1. Entity Name
HAISFIELD RP4, INC.



Principal Place of Business
**324 ROYAL PALM WAY
STE. 231
PALM BEACH, FL 33480 US**

Mailing Address
**PO BOX 2771
PALM BEACH, FL 33480 US**



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0453447

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAISFIELD, MARC
324 ROYAL PALM WAY STE. 231
PALM BEACH, FL 33480**

**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 _____

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**

**U000000137459
04/29/04-80042-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
HAISFIELD, MARC
324 ROYAL PALM WAY, STE. 231
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HAISFIELD, MICHAEL
435 W MAIN ST
ASPEN, CO 81611**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HAISFIELD, TRACY
435 W MAIN ST
ASPEN, CO 81611**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HAISFIELD, AUDREY
826 BALLARD CANYON ROAD
SOLVANG, CA 934636**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Haisfield, Pres.

Date

4/27/04

Daytime Phone #

816552829