


**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      Mailing Address  
**324 ROYAL PALM WAY**      **PO BOX 2771**  
**STE.231**      **PALM BEACH, FL 33480 US**  
**PALM BEACH, FL 33480 US**

**DO NOT WRITE IN THIS SPACE**



02252004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0453447</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (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

U00000137459  
 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:** Marc Haisfield, Pres.      4/27/04      816552829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #