

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90019 047 ***150.00

DOCUMENT # P94000008417

1. Entity Name

R.S.I. WOODWORKING, INC.



Principal Place of Business

315 ROBINHOOD ROAD NORTH
INVERNESS FL 34450

Mailing Address

315 ROBINHOOD ROAD NORTH
INVERNESS FL 34450

2. Principal Place of Business

3700-A Citrus Ave

Suite, Apt. #, etc.

3. Mailing Address

3700-A Citrus Ave

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

4. FEI Number

59-3224024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELL, RICHARD R
315 ROBINHOOD ROAD NORTH
INVERNESS FL 34450

Address Change →

7. Name and Address of New Registered Agent

Name: Richard R. Shell

Street Address (P.O. Box Number is Not Acceptable)

5 Robin hood Rd

City: Inverness

FL

Zip Code 34460

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHELL, RICHARD R	
STREET ADDRESS	315 ROBINHOOD RD. NORTH	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHELL, HELEN M	
STREET ADDRESS	% 315 ROBINHOOD RD. NORTH	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shell, Richard R	
STREET ADDRESS	5 Robin hood Rd	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shell, Helen	
STREET ADDRESS	5 Robin hood Rd	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Helen M. Shell Helen M. Shell 3/30/04 352-795-7754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #