

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000018950**

1. Entity Name  
**ROOM 4, INC.**



Principal Place of Business  
P.O. BOX 770098  
WINTER GARDEN, FL 34777-0098

Mailing Address  
PO BOX 651  
OAKLAND, FL 34760-0651 US



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3245733</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

BRITT, R NEIL  
419 E OAKLAND AVE  
OAKLAND, FL 34760

**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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, ROBERT N PO BOX 651 ((N/A)) OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTON, STEPHANN PO BOX 953208 ((N/A)) OAKLAND, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, GEORGE MARTIN 940 N KEPLER DELAND, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, CRAIG 1405 BLACKWELDER RD DE LEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000003029  
01/14/04-80002-010 150.00

**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)(f), 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) Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_