

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P94000036206

1. Entity Name
REMAN USA, INC.



Principal Place of Business
**829 HAINES ST
JACKSONVILLE, FL 32206**

Mailing Address
**2461 ROLAC RD
JACKSONVILLE, FL 32207**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3229610 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHIELDS, ROBERT
2461 ROLAC ROAD
JACKSONVILLE, FL 32207**

**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	ST
NAME	SHIELDS, VIRGINIA P
STREET ADDRESS	2461 ROLAC RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	SHIELDS, ROBERT D
STREET ADDRESS	2461 ROLAC RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	SHIELDS, GARY W
STREET ADDRESS	2461 ROLAC ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000138992
04/29/04-80102-019 158.75

**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

Robert D Shields
4/27/04 904 731-5100
Daytime Phone #