


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90011 022 ***150.00

DOCUMENT # P94000036613					
1. Entity Name R & L VIRGIN, INC.					
Principal Place of Business 3686 WOODVILLE HWY TALLAHASSEE, FL 32311 US		Mailing Address 3686 WOODVILLE HWY TALLAHASSEE, FL 32311 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3247517				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAUERWINE, LYNN M 16162 SUNRAY RD TALLAHASSEE, FL 32308			Name Street Address (P.O. Box Number is Not Acceptable) 1379 Indian Hills Road City Monticello FL Zip Code 32344		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D SAUERWINE, LYNN M <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAUERWINE, LYNN M	NAME	1379 Indian Hills Road		
STREET ADDRESS	16162 SUNRAY RD	STREET ADDRESS	Monticello, FL 32344		
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP			
TITLE	D SAUERWINE, RICHARD W <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAUERWINE, RICHARD W	NAME	1379 Indian Hills Road		
STREET ADDRESS	16162 SUNRAY RD	STREET ADDRESS	Monticello, FL 32344		
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Richard W. Sauerwine</i>		RICHARD SAUERWINE		2-20-04 850-992-4231	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	