2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90034 038 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P94000061509

1. Entity Name
RAPSON LITTER CRITTERS, INC.

Principal Place of Business	Mailing Address
~~951 CAMELOT ROAD~~ MAITLAND FL 32751	~~951 CAMELOT ROAD MAITLAND FL 32751~~

2. Principal Place of Business	3. Mailing Address
990 MOJAVE TRAIL	990 MOJAVE TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MAITLAND, FL	City & State: MAITLAND, FL
Zip: 32751 Country:	Zip: 32751 Country:

4. FEI Number 59-3298379 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAPSON, LINDA B ~~951 CAMELOT ROAD~~ MAITLAND FL 32751	Name: RAPSON, LINDA B. Street Address (P.O. Box Number is Not Acceptable): 990 MOJAVE TRAIL City: MAITLAND FL Zip Code: 32751

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	RAPSON, LINDA B		NAME	RAPSON, LINDA B.	
STREET ADDRESS	~~951 CAMELOT ROAD~~		STREET ADDRESS	990 MOJAVE TRAIL	
CITY-ST-ZIP	MAITLAND FL		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	RAPSON, RICHARD C JR		NAME	RAPSON, RICHARD C JR.	
STREET ADDRESS	~~951 CAMELOT RD~~		STREET ADDRESS	990 MOJAVE TRAIL	
CITY-ST-ZIP	MAITLAND FL		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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: Linda B. Rapson — MARCH 30, 2004 — 407 647 3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #