

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P95000038603

**1. Entity Name
ROOM MAKERS II, INC.**



**Principal Place of Business
4942 US HWY 98
SANTA ROSA BEACH, FL 32459**

**Mailing Address
PO BOX 1670
SANTA ROSA BEACH, FL 32459**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3329714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBINSON, CRAIG S
1184D CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32433**

**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 P
NAME BOSWELL, JAMES P JR
STREET ADDRESS 4292 US HWY 98
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459**

**TITLE S
NAME BOSWELL, JOANNE L
STREET ADDRESS 4292 US HWY 98
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459**

**TITLE DVD
NAME BOSWELL, JAMES P III
STREET ADDRESS 4292 US HWY 98
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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01/26/04-80053-005.150.00

**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 #

1/22/04 850/622-1212