


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000015739 1. Entity Name RUBBER & GASKET SPECIALTIES, INC.	
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02042004 No Chg-P CR2E034 (10/03)

Principal Place of Business 2030 E. ADAMS STREET JACKSONVILLE, FL 32202	Mailing Address PO BOX 50652 JACKSONVILLE BEACH, FL 32240
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3367078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BLOOM AND DAVENPORT PA
2220 RIVERPLACE TOWER
1301 GULF LIFE DRIVE
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 changing)

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**

**U000000036437
02/06/04-80058-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MATHIS, DWAYNE 2030 E. ADAMS STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT PATRICK, LINDA 2030 E. ADAMS STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VAT FLOYD, PATRICIA 2030 E. ADAMS STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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 I am empowered.

SIGNATURE: _____

Linda Patrick
Linda Patrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04 904-359-0070

Date

Direct Phone #