2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000032689

1. Entity Name
RALPH RUSSO, INC.

Principal Place of Business	Mailing Address
4600 SE 130 ST BELLEVIEW, FL 34420 US	PO BOX 3831 BELLEVIEW, FL 34421 US

DO NOT WRITE IN THIS SPACE

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0561055	Not Applicable

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

6. Name and Address of Current Registered Agent

DUNHAM, LINDA
5507 SE 111TH ST
BELLEVIEW, FL 34420

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	II00000154555 05/05/04-80001-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	RUSSO, RALPH
STREET ADDRESS	4600 SE 130 ST
CITY-ST-ZIP	BELLEVIEW, FL

TITLE	D
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STREET ADDRESS	4600 SE 130 ST
CITY-ST-ZIP	BELLEVIEW, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Ralph Russo_ RALPH RUSSO   4-30-04 352-347-2253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #