2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 29, 2004 08:00 AM **DOCUMENT # P96000052081** Secretary of State 1. Entity Name R.W.S. ENTERPRISES, INC. Principal Place of Business Mailing Address 2824 MICHIGAN AVE 2824 MICHIGAN AVE KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 LIS 04272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3388813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired n na makanana ini mang mayan bigan belaberah bar Fee Required 5. Name and Address of Current Registered Agent SIPKEMA, ROBERT W DO NOT WRITE 986 EVELETT ST CLERMONT, FL 34711 IN THIS SPACE 3. 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehatsling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SIPKEMA, ROBERT W NAME 986 EVEREST ST STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 U00000139431 04/29/04-80121-010 150.00 SIPKEMA, KATHLYN K NAME STREET ADDRESS **986 EVEREST ST** CLERMONT, FL 34711 CITY ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 suppliemental report is true and accurate and that my agriculture shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver ortrusteelement where the 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 adolpsy, with all other like employed.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CER OR DIRECTOR

04/27/04

407-870-0076