

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060516

Entity Name: REMINGTON 1504, INC.

FILED
May 31, 2005
Secretary of State

Current Principal Place of Business:

10381 GULF SHORE DR
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

589 SOUTH MAIN ST
PO BOX 227
CHURUBUSCO, IN 46723 US

New Mailing Address:

FEI Number: 59-3393856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREEN, GOODMAN
5551 RIDGEWOOD DR
STE 405
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHAFFEE, CLIFFORD
Address: 10381 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL

Title: DT () Delete
Name: CHAFFEE, CHARLES
Address: 10381 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL

Title: DVP () Delete
Name: MACHER, F
Address: 2525 COUNTRY CLUB RD
City-St-Zip: AUBURN HILLS, MI 48105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHAFFEE, CLIFFORD
Address: 10381 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: DT (X) Change () Addition
Name: CHAFFEE, CHARLES
Address: 10381 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFF CHAFFEE

DP

05/31/2005

Electronic Signature of Signing Officer or Director

Date