## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000072628

Entity Name: BUDCO RTO, INC.

FILED Mar 18, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 216 E U.S. HWY 82 TIFTON, GA 31794 **Current Mailing Address: New Mailing Address:** 6608 ADAMO DRIVE TAMPA, FL 33619 FEI Number: 59-3400223 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLD, AARON JESQ 704 WEST BAY STREET TAMPA, FL 33606 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SLATTON, JAMES W Name: Name: 6608 ADAMO DRIVE Address: Address: City-St-Zip: TAMPA FL City-St-Zip: Title: Title: () Delete () Change () Addition SLATTON, KIME LEA Name: Name: 11203 LAKE SASSA DR Address: Address: THONOTOSASSA, FL 33592 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SLATTON, AMY Name: Name: 164 HONEY SUCKLE LN Address: Address: City-St-Zip: **TIFTON, GA 31794** City-St-Zip: Title: () Delete Title: () Change () Addition DURAN, CARLOS Name: Name: Address: 216 E HWY 82 Address: City-St-Zip: TIFTON, GA 31794 City-St-Zip: Title: Title: () Delete () Change () Addition BEVILLE, TERRY Name: Name: 213 KINGSWAY DR Address: Address:

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.

City-St-Zip:

SIGNATURE: TERRY BEVILLE VT 03/18/2004

TEMPLE TERRACE, FL 33617

City-St-Zip: