2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachme

SIGNATURE:

May 04, 2004 8:00 am **Secretary of State** DOCUMENT # P97000015577 1. Entity Name 05-04-2004 90136 002 ***158.75 RG PRINTING CO., INC. Principal Place of Business Mailing Address 1011 S. U.S. HWY 41 INVERNESS FL 34450 I I U W A A A Y 1011 S. U.S. HWY 41 **INVERNESS FL 34450** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3424740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRUMBLING, R.S. S II Street Address (P.O. Box Number is Not Acceptable) 1011 SOUTH U.S. HWY 41 INVERNESS FL 34450-6862 Zip Code 8. The above named entity ignits 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. GRUMBLING ROWNES. I Change TITLE TITLE ☐ Delete MALLE GRUMBLING, RONALD S NAME 3382 E. OLDER STREET 3382 E. OLDER DEN 300 N. MONTROSE PT. STREET ADDRESS STREET ADDRESS INVERNESS, FL 34453 INVERNESS FL 34450 CiTY-ST-ZIP -34453 CITY-ST-ZIP INU FL PATRICIA A. GRUMBIZNA Change VS. TITLE TITLE Delete ☐ Addition PATRICIA A GRUMBLING MALLE 3382 E CLOTIC STREET 3382 E. OLDER STREET 200 N. MONTROOF PT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS FL 34450 INV FL 34453 CITY-ST-ZIP INVERNESS, FL 34453 Addition TILLE Delete TITLE NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

FILED