


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000026161</b>	
1. Entity Name <b>R &amp; R EASTERN, INC.</b>	

Principal Place of Business <b>3200 ROSEWOOD COURT DAVIE, FL 33328</b>	Mailing Address <b>3200 ROSEWOOD COURT DAVIE, FL 33328</b>
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**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0749423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SINAGARA, FRANK J ESQ  
100 SOUTHEAST THIRD AVENUE  
SUITE 1900  
FORT LAUDERDALE, FL 33394**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000074949 03/03/04-80040-012 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVEY, RITA A 3200 ROSEWOOD COURT DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNOLD, ROBERT 1661 23RD STREET SW NAPLES, FL 33964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** *V Rita A Evey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X3-104 X9543702179*  
Daytime Phone #