


Apr 30 04 10:46a

Charles B. Parker, CPA, PA

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90209 021 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000082287 1. Entity Name R&L ENTERPRISES OF GAINESVILLE, INC.	
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24071430



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3473127	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ELEGANT IMAGE
 500 N.W. 60TH ST.
 GAINESVILLE, FL 32669

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	RODRIGUEZ, SHERRI M
STREET ADDRESS	25243 S. 16TH AVE.
CITY- ST- ZIP	NEWBERRY, FL 32669
TITLE	DP
NAME	LANCASTER, DONNIE R
STREET ADDRESS	6276 S.W. 8TH PLACE
CITY- ST- ZIP	GAINESVILLE, FL 32607
TITLE	DST
NAME	Rodriguez, Sherrri M.
STREET ADDRESS	25515 SW 16th Ave.
CITY- ST- ZIP	Newberry, FL 32669
TITLE	DP
NAME	Lancaster, Donnie R.
STREET ADDRESS	1816 NW 22nd St.
CITY- ST- ZIP	Gainesville, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04 3523320005