2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000091245

1. Entity Name
THE RESEDA CORPORATION

Principal Place of Business	Mailing Address
217 N MISSOURI AVE CLEARWATER, FL 33755 US	217 N MISSOURI AVE CLEARWATER, FL 33755 US

DO NOT WRITE IN THIS SPACE

03072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3475785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIGAND, JUDITH V
217 N MISSOURI AVE
CLEARWATER, FL 33755-4618

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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 NA

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

U00000093433
03/31/04-80004-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHARD P WEIGAND
STREET ADDRESS	217 N MISSOURI AVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	S
NAME	JUDITH V WEIGAND
STREET ADDRESS	217 N MISSOURI AVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Judith V. W— 27 Mar 04 727 461 0118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #