2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000011409

1. Entity Name
RSG OF FERNANDINA BEACH, INC.

Principal Place of Business	Mailing Address
1525 LIME STREET SUITE 120 FERNANDINA BEACH, FL 32034	1525 LIME STREET SUITE 120 FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

07292004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
33-0672389		Not Applicable
5. Certificate of Status Desired	☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULEVIEZ, LUARA
1525 LIME STREET
SUITE 120
FERNANDINA BEACH, FL 32034

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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 _Laura Mulevie_   _LAURA Mulevicz, Coo_   8/9/04

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CU, GIL
STREET ADDRESS	1525 LIME STREET, SUITE 120
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

TITLE	CP
NAME	MULEVICZ, LAURA
STREET ADDRESS	2323 N. TUSTIN AVENUE, SUITE N
CITY-ST-ZIP	SANTA ANA, CA 92705

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/12/04-80007-016 150.00

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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: _Laura Mulevic_ _Laura Mulevicz, coo_ 8/9/04

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