


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90019 007 ***150.00

DOCUMENT # P98000012340	
1. Entity Name R & S DEFERRARI MANAGEMENT, INC.	

Principal Place of Business 305 ORANGE ST OZONA, FL 34660	Mailing Address P.O. BOX 6688 OZONA, FL 34660
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44060644



2. Principal Place of Business 108 OZONA DRIVE	3. Mailing Address P.O. BOX 28
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03292004 Chg-P CR2E034 (10/03)

City & State PALM HARBOR, FL	City & State OZONA, FL
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4. FEI Number 59-7115731	Applied For <input type="checkbox"/> Not Applicable
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Zip 34683	Country USA	Zip 34660	Country USA
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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 GILBERT, BETSY ORANGE ST PALM HARBOR, FL 34683	
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7. Name and Address of New Registered Agent Name DEFERRARI, RONALD SCOTT Street Address (P.O. Box Number is Not Acceptable) 108 OZONA DRIVE City PALM HARBOR FL Zip Code 34683	
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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 <u><i>Ronald S. Deferrari</i></u> RONALD SCOTT DEFERRARI (NOTE: Registered Agent signature required when reinstating) DATE <u>3/31/04.</u>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFERRARI, RONALD H 305 ORANGE ST. OZONA, FL 34660 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFERRARI, RONALD S. 108 OZONA DRIVE PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Ronald S. Deferrari</i></u> RONALD S. DEFERRARI, DIRECTOR	DATE: <u>3/31/04</u> Daytime Phone #
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727-315-5627