

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000015874 1. Entity Name RESIDENTIAL ACQUISITIONS, INC.	
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Principal Place of Business 4301 BAYSHORE BLVD. TAMPA, FL 33611	Mailing Address 4301 BAYSHORE BLVD. TAMPA, FL 33611
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DO NOT WRITE IN THIS SPACE

03202003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0839265	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WETHERINGTON, R. WADE ESQ 400 N TAMPA ST #2625 TAMPA, FL 33602
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**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 re-stating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, RANDY A 4301 BAYSHORE BLVD. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, PAULA M 4301 BAYSHORE BLVD. TAMPA, FL 33611
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07/12/04-80020-010 550.00**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

6/17/04

Date

Daytime Phone # _____