

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P98000094835

1. Entity Name  
R & D FIREARM COLLECTORS, INC.



**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4240 NW 27 AVE  
MIAMI, FL 33142

Mailing Address  
4240 NW 27 AVE  
MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0882124

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENE, RICHARD A  
4240 NW 27 AVE  
MIAMI, FL 33142

**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 PD  
NAME GREENE, RICHARD A  
STREET ADDRESS 4240 NW 27 AVE  
CITY-ST-ZIP MIAMI, FL 33142

TITLE SD  
NAME GREENE, DIXIE R  
STREET ADDRESS 4240 NW 27 AVE  
CITY-ST-ZIP MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

000000110195  
04/12/04-80073-014 158.75

**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

4-9-04  
Date

305-638-1475  
Daytime Phone #