


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90097 011 ***150.00

DOCUMENT # P98000095722					
1. Entity Name R&R MANAGEMENT, INC.					
Principal Place of Business 390 NARRAGANSETT ST. N.E. PALM BAY, FL 32907			Mailing Address 390 NARRAGANSETT ST. N.E. PALM BAY, FL 32907		
2. Principal Place of Business 3990 minton Rd		3. Mailing Address 3990 Minton Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Melbourne FL		City & State Melbourne FL		4. FEI Number 59-3543165	
Zip 32904		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLAGHER, RONALD 390 NARRAGANSETT ST. N.E. PALM BAY, FL 32907			7. Name and Address of New Registered Agent Name <u>Ronald Gallagher</u> Street Address (P.O. Box Number is Not Acceptable) 3990 Minton Rd City <u>Melbourne</u> <u>FL</u> Zip Code <u>32904</u>		
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>Ronald Gallagher Reg. Agent</u> <u>1/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete GALLAGHER, RONALD 390 NARRAGANSETT ST. N.E. PALM BAY, FL 32907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD <input type="checkbox"/> Delete SANTOS, RAMON 1046 DOLORES RD PALM BAY, FL 32907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gallagher, Ronald 3990 Minton Rd Melbourne FL 32904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Santos, Ramon 1320 Schneider St Palm Bay FL 32908				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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>Ronald Gallagher Pres.</u> <u>1/19/04</u> <u>951-7626</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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