

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000062619

1. Entity Name
SRT, INC.



Principal Place of Business
1839 B - SOUTH MONROE ST
TALLAHASSEE, FL 32301

Mailing Address
1839 B - SOUTH MONROE ST
TALLAHASSEE, FL 32301

FILED

04 MAY -4 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681761

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, KESSLA
1839 B - SOUTH MONROE ST
TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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 | V |
| NAME | STANLEY, WILBERT |
| STREET ADDRESS | 1209 CLAY STREET |
| CITY-ST-ZIP | TALLAHASSEE, FL 32304 |
| TITLE | P |
| NAME | STANLEY, KESSLA |
| STREET ADDRESS | 1839 B - SOUTH MONROE ST |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**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

5-04-04 850-222-8232
Date Daytime Phone #