

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000099713

1. Entity Name  
DAVID A. RANCOURT, INC.



FILED

04 JAN 21 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



01072004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3608381

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

RANCOURT, DAVID A  
400 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301

Name  
*David A. Rancourt*  
Street Address (P.O. Box Number is Not Acceptable)  
*120 S. Monroe St.*

City *Tallahassee* FL Zip Code *32301*

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVTs  
RANCOURT, DAVID A  
P.O. BOX 10570  
TALLAHASSEE, FL 32302 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
*400027370274  
01/21/04--01082--005 \*\*\$50.00*

TITLE  
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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:

*David A. Rancourt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-5-04*  
Date

*(850) 671-4401*  
Daytime Phone #