

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90003 003 ***550.00

DOCUMENT # P99000102421

1. Entity Name
RV CONNECTIONS, INC.



Principal Place of Business

1915 NORTH HWY 231
PANAMA CITY, FL 32405

Mailing Address

1915 NORTH HWY 231
PANAMA CITY, FL 32405

2. Principal Place of Business

3926E-15th Street

Suite, Apt. #, etc.

3. Mailing Address

3926E-15th Street

Suite, Apt. #, etc.



07152004

Chg-P

CR2E034 (10/03)

City & State

Panama City, FL

Zip

32404

Country

Bay

City & State

Panama City, FL

Zip

32404

Country

Bay

4. FEI Number

59-3613703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, JACK O JR
232 WOODLAWN DR.
PANAMA CITY, FL 32407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

7/15/04

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 PV
NAME STEWART, JACK O JR.
STREET ADDRESS 232 WOOD LAWN DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32405

☐ Delete

TITLE ST
NAME STEWART, KAREN W
STREET ADDRESS 232 WOODLAWN DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

Jack O Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04

Date

Daytime Phone #