


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # S60801			
1. Entity Name RESOURCE & ASSET MANAGEMENT, INC.			
Principal Place of Business % VICI L. VAUGHN 63 N.E. BEAL PKWY. FORT WALTON BEACH FL 32548		Mailing Address % VICI L. VAUGHN 63 N.E. BEAL PKWY. FORT WALTON BEACH FL 32548	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3076023		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent VAUGHN, VICKI L. 63 N.E. BEAL PKWY FORT WALTON BEACH FL 32548		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRAMORE, JEAN	NAME	
STREET ADDRESS	28 S. MEMORIAL PARKWAY	STREET ADDRESS	U00000022738
CITY-ST-ZIP	FORT WALTON BEACH FL 32548-6512	CITY-ST-ZIP	01/30/04-80055-020 150.00
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, VICKI L.	NAME	
STREET ADDRESS	1907 SQUIRREL PATH	STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **VICKI L. VAUGHN** **1-27-04 850-243-5084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #