2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S97769 1. Entity Name R & P INTERNATIONAL, INC. Principal Place of Business Mailing Address POST OFFICE DRAWER 511447 3321 ROYAL PALM DRIVE NORTH PORT, FL 34286 US PUNTA GORDA, FL 33951 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent HACKETT, JACK O II 99 NESBIT STREET

FILED Feb 02, 2004 08:00 AM Secretary of State

	FEIRING TANNETT TONNEN UND FRANT		BJMJL WYDIL WYDII BIDLIBBI LE IDDI			
01072004	No Chg-P	CR2	2E034 (10/03)			
FEI Number			Applied For			
65-0303	389		Not Applicabl			
5. Certificate of	of Status Desired		\$8.75 Additional Fee Regulred			
DO	NOT W	RIT	Έ			
IN T	HIS SP	AC	E			

	rians of registered agent.	orbose of officialing its registered	Tance of t	egistored agent, or bot	ar, in the state of Fortida. Tall learning Will, and accept	
SIGNATURE_	Signature, typed or printed hains of registered agent and title i	il applicable (NOTE, Registered	Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fire Trust Fund Contribution			ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTOR\$			in the second of	
YITLE NAME STREET ADDRESS CITY-SY-ZIP	DPS DUSIL, RICHARD 3321 ROYAL PALM DRIVE NORTH PORT, FL 342888643					
TITLE NAME STREET ADDRESS GITY-ST-ZIP					000000026506 02/03/04-80010-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-		
TITLE		The state of the s				

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 empreced 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:

STREET ADDRESS CITY-ST-ZIP

PUNTA GORDA, FL 33950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #