


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90027 003 ***150.00

DOCUMENT # 501460			
1. Entity Name RSGS, INC.			
Principal Place of Business 9965 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US		Mailing Address 9965 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US	
2. Principal Place of Business <i>4163 Alhambra Dr</i>		3. Mailing Address <i>4163 Alhambra Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jacksonville FL</i>		City & State <i>Jacksonville FL</i>	
Zip <i>32207</i>	Country <i>Duval</i>	Zip <i>32207</i>	Country <i>Duval</i>
4. FEI Number 59-1664660		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, SHIRLEY 9965 SAN JOSE BLVD. JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>4163 Alhambra Drive</i> City <i>Jacksonville</i> FL Zip Code <i>32207</i>	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD COHEN, SHIRLEY 9965 SAN JOSE BLVD. JACKSONVILLE FL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4163 Alhambra Drive Jacksonville, FL 32207</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COHEN, PERRY 9965 SAN JOSE BLVD. JACKSONVILLE FL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4163 Alhambra Drive Jacksonville, FL 32207</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Shirley Cohen</i>		Date: <i>3/25/05</i> Daytime Phone #: <i>904-396-7673</i>	

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