## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000005645

612 SHADOW BROOK DR

() Delete

COLUMBIA, SC 29210

1427 QUAIL VALLEY E

COLUMBIA, SC 29212

MOORE, JACK S

DT

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Mar 17, 2005 Secretary of State

Entity Nai	me: RESE	ARCH PLANNIN	IG OF SOUTH CA	ROLINA, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
	KSTREET A, SC 2920	)1						
Current Mailing Address:				New Mailing Address:				
P.O. BOX COLUMBI	328 4, SC 2920	)2						
FEI Number: 57-0909363 FEI Number Applied For ( )			Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)			sired (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
1200 SOU PLANTATI The above	ON, FL 33	LAND ROAD 324 US ity submits this s	statement for the pr	urpose of changing	its registere	ed office or registered age	nt, or both,	
SIGNATUR								
Electronic Signature of Registered Agent				nt	Date			
Election Car	npaign Finan	cing Trust Fund C	ontribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DC HAYES, MII 1121 PARK COLUMBIA			Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition LES ISHORE DRIVE SUITE 505 EANS, LA 70122		
Title: Name: Address: City-St-Zip:	1121 PARK	( ) Delete ACQUELINE STREET , SC 29201		Title: Name: Address: City-St-Zip:	2045 LAKE	(X) Change ( ) Addition ACQUELINE SHORE DRIVE SUITE 505 EANS, LA 70122		
Title: Name:	DSV COTSAPOS	()Delete S, LINOS		Title: Name:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

DT

MOORE, JACK S

3007 SPARKSTON LANE

ROCK HILL, SC 29732

(X) Change ( ) Addition

SIGNATURE: JACK S. MOORE DT 03/17/2005