2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P08000027811

Entity Name: RTQ, INC.

Current Principal Place of Business:

830 HAGLER DRIVE
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 50366
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 26-2189975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, K R
830 HAGLER DRIVE
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCCORMICK, SUE
Address: POST OFFICE BOX 330108
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCCORMICK, SUE
Address: POST OFFICE BOX 50366
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: AVP ( ) Change (X) Addition
Name: SCOTT, KIMBERLY
Address: POST OFFICE BOX 50366
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: AVP ( ) Change (X) Addition
Name: NELSON, ANNETTE
Address: POST OFFICE BOX 50366
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: AVP ( ) Change (X) Addition
Name: WILLIAMS, JEAN
Address: POST OFFICE BOX 50366
City-St-Zip: JACKSONVILLE BEACH, FL 32240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: SUE MCCORMICK P 02/24/2009

Electronic Signature of Signing Officer or Director — Date