## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000022983

1. Entity Name

RCT ENTERPRISES OF BREVARD, INC.



FILED Mar 03, 2006 08:00 AM Secretary of State

Principal Place of Business

1875 BARRETT DRIVE ROCKLEDGE, FL 32955 Mailing Address

1875 BARRETT DRIVE ROCKLEDGE, FL 32955



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0814738 Not Applied in Not Appli

5. Certificate of Status Desired

\$8.75 Additional Fee Required

THOMAS, ROBERT B JR. 1875 BARRETT DRIVE ROCKLEDGE, FL 32955

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	office or	registered agent, or b	oth, in the State of Florida. 1 am familiar	with, and ac
SIGNATURE Squature, typed or printed name of replacered agent and title # applicable (NOTE: Registered			d Agent signature required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	H00H00454186 H3/14/UG-60051-020 15	- 18.75
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·	<u></u>	
HTLE NAME STREET ADDRESS CHY-ST-ZIP	PS THOMAS, NANCY CAROL 3583 JAMES RD COCOA, FL 32926					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT THOMAS, ROBERT B JR 3583 JAMES RD COCOA, FL 32926					
NAME STREET ADDRESS CRTY-ST-ZIP	22			DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
title Name Street adoress						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 il changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ancy (. /homas pres

Feb. 21, 2006

321-632-959