2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90093 026 ***150.00

DOCUMENT # P98000041486

1. Entity Name

RECORD TRANSCRIPTS INC.

20033825

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
501 W. KENNEDY BLVD. SUITE 1230 TAMPA FL 33602 US	501 W. KENNEDY BLVD. SUITE 1230 TAMPA FL 33602 US

2. Principal Place of Business	3. Mailing Address
501 E. Kennedy Blvd.	501 E. Kennedy Blvd.
Suite, Apt. #, etc.: Suite 1230	Suite, Apt. #, etc.: Suite 1230
City & State: Tampa, FL 33602	City & State: Tampa, FL 33602
Zip: 33602 Country: USA	Zip: 33602 Country: USA

4. FEI Number 65-0853266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOMASI, JOHN G
501 E. KENNEDY BLVD.
SUITE 1230
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: John G. Tomasi
Street Address (P.O. Box Number is Not Acceptable): 501 E.Kennedy Blvd.
Suite 1230
City: Tampa **FL** Zip Code: 33602

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: John G. Tomasi JOHN G. TOMASI VICE PRESIDENT 3/17/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TUCKER, DAVID W		NAME		
STREET ADDRESS	2829 AGRICOLA STREET		STREET ADDRESS		
CITY-ST-ZIP	HALIFAX, NOVA SCOTIA B3K -4E5		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, DAVID M		NAME		
STREET ADDRESS	2829 AGRICOLA ST		STREET ADDRESS		
CITY-ST-ZIP	HALIFAX, NS b3k- 455		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RAFUSE, RICHARD N		NAME		
STREET ADDRESS	1600-5151 GEORGE ST		STREET ADDRESS		
CITY-ST-ZIP	HALIFAX, NS b3j- 1m5		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TOMASI, JOHN G		NAME		
STREET ADDRESS	2717 SEVILLE BLVD. #6304		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: John G. Tomasi JOHN G. TOMASI 3/17/2005 813-514-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #