


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90211 013 ***150.00

DOCUMENT # P03000025787

1. Entity Name
RGSP INC.



Principal Place of Business
**3001 PINEBRANCH DR APT #204 BLD #17
 KISSIMMEE, FL 34741**

Mailing Address
**3001 PINEBRANCH DR APT #204 BLD #17
 KISSIMMEE, FL 34741**

2. Principal Place of Business
11975 Beutry Street

3. Mailing Address
717 East Oak Street

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Kissimmee, FL

Zip
32824 Country **US**

Zip
34744 Country **US**

6. Name and Address of Current Registered Agent

SECL, ROBERT
3001 PINEBRANCH DR APT #204 BLD #17
KISSIMMEE, FL 34741



03292004 Chg-P CR2E034 (10/03)

4. FEI Number
11-3682393 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
11975 Beutry Street

City **Orlando, FL** Zip Code **32824**

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 *Robert Secl* DATE *22/04/2004*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P SECL, ROBERT 3001 PINEBRANCH DR APT #204 BLD #17 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11975 Beutry Street Orlando, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOTKA, PAVELT 4711 ALEXIS DR KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert Secl* DATE *22/04/2004* DAYTIME PHONE # *407-351-0882*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR