

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90020 005 ***158.75

DOCUMENT # 328194	
1. Entity Name THE RDC CORPORATION OF SARASOTA	

Principal Place of Business 2621 MALL DR SARASOTA, FL 34231-6221 US	Mailing Address 2621 MALL DR SARASOTA, FL 34231-6221 US
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40008096



2. Principal Place of Business 5709 DEREK AV Suite, Apt. #, etc.	3. Mailing Address 5709 DEREK AV Suite, Apt. #, etc.
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01202005 Chg-P CR2E034 (10/03)

City & State SARASOTA FL	City & State SARASOTA FL
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4. FEI Number 59-1262598	Applied For Not Applicable
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Zip 34233	Country USA	Zip 34233	Country USA
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTS, ALAN C. 2621 MALL DRIVE SARASOTA, FL 34231	
7. Name and Address of New Registered Agent Name 8596 HIDDEN LAGOON SARASOTA, FL 34242	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, WESLEY 3043 CLARK RD #12 5709 DEREK AV SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, ALAN C 8596 HIDDEN LAGOON DR SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, LAURA 8596 HIDDEN LAGOON DR SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERTS, KIMBERLY L. 2621 MALL DR 8596 HIDDEN LAGOON SARASOTA, FL 34231 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Laura Roberts 1/20/05 941-924-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #