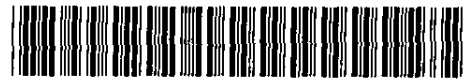


ANNUAL REPORT (AR)

DOCUMENT # 384536

1. Entity Name
RES. INCORPORATED

FILED
Feb 27, 2007 08:00 AM
Secretary of State

Principal Place of Business
3009 E. GOLDEN EAGLE DRIVE
TALLAHASSEE FL 32312Mailing Address
3009 E. GOLDEN EAGLE DRIVE
TALLAHASSEE FL 32312

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-1370638

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKDULL, BETTIE B
3009 E. GOLDEN EAGLE DRIVE
TALLAHASSEE FL 32312

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☐ Delete
 NAME: BARKDULL, BETTIE B
 STREET ADDRESS: 3009 E. GOLDEN EAGLE DRIVE
 CITY-STATE-ZIP: TALLAHASSEE FL 32312

TITLE: ☐ Change ☐ Addition
 NAME: 000000649774
 STREET ADDRESS: 03/07/07-80064-008 150.00
 CITY-STATE-ZIP:

TITLE: V ☐ Delete
 NAME: BARKDULL, THOMAS H III
 STREET ADDRESS: 812 ANCHORAGE DRIVE
 CITY-STATE-ZIP: NORTH PALM BEACH FL 33408

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: ST ☐ Delete
 NAME: BARKDULL, THOMAS JR.
 STREET ADDRESS: 3009 E. GOLDEN EAGLE DRIVE
 CITY-STATE-ZIP: TALLAHASSEE FL 32312

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

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

SIGNATURE:

James H. Borker S.T.R.E.S.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/07

Daytime Phone #

850 894 6981