2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 466178

Entity Name: R K SERVICES, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3335C TAMIAMI TR. 2605 TAMIAMI TRAIL

PORT CHARLOTTE, FL 33952 UNIT1

PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

3335C TAMIAMI TR. 2605 TAMIAMI TRAIL

PORT CHARLOTTE, FL 33952 UNIT1

PORT CHARLOTTE, FL 33952

FEI Number: 59-1562581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOWE, ROBERT
3335 C TAMIAMI TR
2605 TAMIAMI TRAIL

PORT CHARLOTTE, FL 33952 US UNIT 1
PORT CHARLOTTE, FL 33952 US
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: ROBERT LOWE 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: PDT (X) Change () Addition

Name: LOWE, ROBERT Name: LOWE, ROBERT

 Address:
 3335 C TAMIAMI TR
 Address:
 2605 TAMIAMI TRAIL UNIT 1

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title: DVPS () Delete Title: DVPS (X) Change () Addition

Name: LOWE, CAROLE Name: LOWE, CAROLE

 Address:
 3335 C TAMIAMI TR
 Address:
 2605 TAMIAMI TRAIL UNIT1

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:
 PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE LOWE VP 04/29/2005