

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90027 003 \*\*\*150.00

<b>DOCUMENT # 501460</b>					
<b>1. Entity Name</b> RSGS, INC.					
<b>Principal Place of Business</b> 9965 SAN JOSE BLVD. JACKSONVILLE, FL 32257    US			<b>Mailing Address</b> 9965 SAN JOSE BLVD. JACKSONVILLE, FL 32257    US		
<b>2. Principal Place of Business</b> 4163 Alhambra Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4163 Alhambra Dr Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville FL		<b>City &amp; State</b> Jacksonville FL		<b>4. FEI Number</b> 59-1664660	
<b>Zip</b> 32207		<b>Country</b> Duval		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b>	
<b>7. Name and Address of New Registered Agent</b>				<b>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.</b>	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> COHEN, SHIRLEY 9965 SAN JOSE BLVD. JACKSONVILLE FL,	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	4163 Alhambra Drive Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DS</b> COHEN, PERRY 9965 SAN JOSE BLVD. JACKSONVILLE FL,	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	4163 Alhambra Drive Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> _____			3/25/05    904-396-7673		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

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