
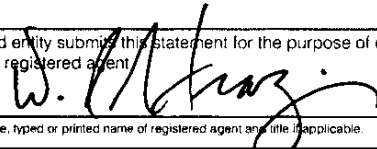
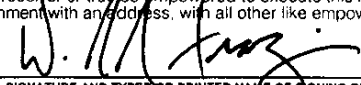


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90037 021 ***150.00

DOCUMENT #648419 1. Entity Name R. C. E. INVESTMENTS, INC.					
Principal Place of Business 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204			Mailing Address 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1953911	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAZIER, WILLIAM R 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name W. Robinson Frazier Street Address (P.O. Box Number is Not Acceptable) 1515 Riverside Avenue, Suite A City Jacksonville FL Zip Code 32204		
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 				DATE 1-8-08	
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD FRAZIER, WILLIAM R <input checked="" type="checkbox"/> Delete 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 00000.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FRAZIER, W ROBINSON <input type="checkbox"/> Delete 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 00000.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRAZIER, W ROBINSON 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			DATE 1-8-08 (904) 353-5616		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. Robinson Frazier, Pres.					