


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90040 043 \*\*\*150.00

<b>DOCUMENT # 680776</b> 1. Entity Name <b>R/C WORLD OF FLORIDA, INC.</b>					
Principal Place of Business <b>10900 INSIDE LOOP 296 HUNTRIDGE WAY ORLANDO, FL 32825 US</b>			Mailing Address <b>R/C WORLD OFF INC 10900 INSIDE LOOP ORLANDO, FL 32825 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2011609</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THOMAS, JOHN L., II 130 HILLCREST ST ORLANDO, FL 32801</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
D	<b>PFOST, STAN 1413 HOWELL BRANCH RD WINTER SPRINGS, FL</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D	<b>LOCKWOOD, HARRY 10921 FAIR HAVEN WAY ORLANDO, FL 32825</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D	<b>LANDOLFI, JOHN J 2541 TETON STONE RUN ORLANDO, FL 32828</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D-SECRETARY JASON BAKER 1488 ANNA CATHERINE DR. ORLANDO, FL 32828</b>	
D	<b>CUTRONE, DIXIE 1325 N TROPICAL TRAIL MERRITT ISLE, FL</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D-TREASURER ALLEN L. SORENSSEN 1446 SKYBOLT CT. ORLANDO, FL 32825</b>	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>Allen L. Sorensen</i> ALLEN L. SORENSSEN 3-3-05 407 458-0919</b>					