


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 29, 2004 8:00 am**  
**Secretary of State**

06-29-2004 90001 048 \*\*\*150.00

**DOCUMENT # F01000001643**

1. Entity Name  
**RESOURCE CONTROL CORP.**



Principal Place of Business  
**1274 N. CHURCH STREET  
 MOORESTOWN, NJ 08057**

Mailing Address  
**1274 N. CHURCH STREET  
 MOORESTOWN, NJ 08057**

**54059153**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

06152004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**22-3165953**

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**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

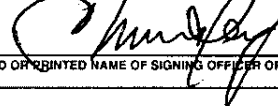
**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEY, JEFFREY C	
STREET ADDRESS	1274 N. CHURCH STREET	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORST, PETER C	
STREET ADDRESS	1274 N. CHURCH STREET	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSENWINKEL, PAUL A	
STREET ADDRESS	1274 N. CHURCH STREET	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEY, MAURA H	
STREET ADDRESS	1274 N. CHURCH STREET	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEY, CHARLES H	
STREET ADDRESS	1274 N. CHURCH STREET	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, JOSEPH F	
STREET ADDRESS	1274 N. CHURCH STREET	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

**SIGNATURE:**  **6/22/04** **856-273-1009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



54059153

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 15, 2004

RESOURCE CONTROL CORP.  
1274 N. CHURCH STREET  
MOORESTOWN, NJ 08057

SUBJECT: ~~RESOURCE CONTROL CORP.~~  
Ref. Number: F01000001643

We have received your check(s) totaling \$550.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

THE FEE TO FILE THE 2004 ANNUAL REPORT IS \$150.00

X [ TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 804A00040149