

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004031

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** RESIDUAL ENTERPRISES CORPORATION

**Current Principal Place of Business:**

500 WATER STREET  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 WATER STREET  
C-160  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 59-3450564      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: BOWLING, DAVID J  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DPT  
Name: BOOR, DAVID A  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DVP  
Name: SIZEMORE, CAROLYN T  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CS  
Name: AUSTIN, MARK D  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VP  
Name: GOLDMAN, NATHAN D  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby 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 all other like empowered.

SIGNATURE: MARK AUSTIN

CS

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date