

2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 22,
Secret

DOCUMENT # F51461					
1. Entity Name R. S. MARKETING, INC.					
Principal Place of Business 1432 LELAND DR. SUN CITY CENTER, FL 33573 US			Mailing Address P.O. BOX 1874 WIMAUMA, FL 33598		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05042008 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2132057				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORDOVA, CARLOS A 8316 HANLEY RD., STE. 5 TAMPA, FL 33634			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT E 1432 LELAND DR SUN CITY, FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	000000565649 05/22/06-80006-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY, JENNIATTE 1432 LELAND DR SUN CITY, FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRESS, SHARON 7520 DOLONITA COURT TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNNING, KEVIN R 7910 N ORLEANS AVE TAMPA, FL 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>R.E. Smith</i> R.E. Smith D 5-16-06 813-633					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314