2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2004 8:00 am **Secretary of State DOCUMENT # F80510** 03-18-2004 90009 005 ***150.00 1. Entity Name R.C.C. ENTERPRISES, INC. Mailing Address Principal Place of Business 1104 WEST OAK STREET 24012346 1104 WEST OAK STREET KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 CR2E034 (10/03) No Chg-P 03092004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2198606 \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CROTTY, R.C., JR. IN THIS SPACE 1416 NEPTUNE RD KISSIMMEE, FL 34744 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 a \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. PSD TITI F CROTTY, JR. R NAME 1416 NEPTUNE RD STREET ADDRESS KISSIMMEE, FL 00000, 34744 CITY-ST-ZIP VTD TITLE CROTTY, KAREN P NAME 1416 NEPTUNE RD STREET ADDRESS KISSIMMEE, FL 34744 CITY-ST-ZIP DO NOT WRITE STREET ADDRESS IN THIS SPACE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME 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. STREET ADDRESS SIGNATURE:

FILED

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						
DOCU 1. Entity Nam	MENT # F80510					
R.C.C. EN	ITERPRISES, INC.	- '4			54019346	
Principal Place of Business Mailing Address						
1104 WEST OAK STREET KISSIMMEE FL 34741		1104 WEST OAK STREI KISSIMMEE FL 34741	ET	70.610 250.2	TOTAL STATE OF THE	
Principal Place of Business Suite Apt. #, etc. Suite Apt. #, etc.				ا مي معمود		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 59-2198606 Applied For Not Applicable	
Zip	Country	Zip Co		try	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
CROTTY, R.C., JR.				Name		
1416 NEPTUNE RD KISSIMMEE FL 34744				Street Address (P.O. Box Number is Not Acceptable)		
				City	Zip Code	
The above named entity submits this statement for the purpose of changing its registrenament.			enistera	red 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.						
. Afte	ILE NOW!!! FEE IS \$150.00 r May 1; 2004 Fee will be \$550.00 c Payable to Florida Department of	1	, P	ternin es est	1	
10.	OFFICERS AND	DIRECTORS	11.5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TELE NAME	PSD · CROTTY, JR. R	☐ Delete	TITLE		• 7 . 7 T. Change - Addition	
STREET ADDRESS CATY-ST-ZIP	1416 NEPTUNE RD KISSIMMEE, FL 00000 34744		STRE	ET ADDRESS -ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CROTTY, KAREN P 1416 NEPTUNE RD KISSIMMEE FL 34744	☐ Delete		l	☐ Change ☐ Addition	
TITLE NAME	, il number	Delete _	. TITLE Nami	E -	Change , Addition	
STREET ADDRESS CITY-ST-ZIP			CITY	ET ADDRESS -ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	l	☐ Change ☐ Addition ·	
TITLE " NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Defete		l	☐ Change ☐ Addition	
TITLÉ		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			· ••.	E ET ADDRESS -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:						