

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004815

FILED
Jun 30, 2004
Secretary of State

Entity Name: RELATIONAL RESOURCES, INC.

Current Principal Place of Business:

5040 SOUTHSORE DR
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

6131 OHIO AVE
NEW PORT RICHEY, FL 34653

Current Mailing Address:

P.O. BOX 1810
ELFERS, FL 34680

New Mailing Address:

6131 OHIO AVE
NEW PORT RICHEY, FL 34653

FEI Number: 58-1935666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, KATHLEEN L
5040 SOUTHSORE DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

PHILLIPS, KATHLEEN L
6131 OHIO AVE
NEW PORT RICHEY, FL 34653 US

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: KATHLEEN L. PHILLIPS

06/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: PHILLIPS, KATHLEEN L
Address: 5040 SOUTHSORE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: CVS () Delete
Name: PHILLIPS, RICHARD G
Address: 5040 SOUTHSORE DR
City-St-Zip: NEW PORT RICHEY, FL 34680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: PHILLIPS, KATHLEEN L
Address: 6131 OHIO AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: CVS (X) Change () Addition
Name: PHILLIPS, RICHARD G
Address: 6131 OHIO AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN L. PHILLIPS

CPT

06/30/2004

Electronic Signature of Signing Officer or Director

Date