


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # G01613 1. Entity Name REHABILITATION PLACEMENT SERVICES, INC.	
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Principal Place of Business % JONATHAN W DAVIS 1394 WHITE OAK DRIVE WINTER SPRINGS, FL 32708 US	Mailing Address % JONATHAN W DAVIS 1394 WHITE OAK DRIVE WINTER SPRINGS, FL 32708 US
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03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2233370	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, JONATHAN W 1394 WHITE OAK DR WINTER SPRINGS, FL 32708
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**DO NOT WRITE
IN THIS SPACE**

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: *Jonathan Davis* (NOTE: Registered Agent signature required when reinstating) DATE: 3-29-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JONATHAN W. 1394 WHITE OAK DR WINTER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DAVIS, SANDRA J. 1394 WHITE OAK DR WINTER SPRINGS, FL
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05/03/05-80062-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandra J Davis* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3-29-05 Daytime Phone #