2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# H63132

Entity Name: R. P. O., INC.

Current Principal Place of Business:

4828 CHAPPERAL STREET
CRESTVIEW, FL 32539 US

New Principal Place of Business:

Current Mailing Address:

4828 CHAPPERAL STREET
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 59-2168221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FYFE, DIANE, D
4828 CHAPPERAL STREET
CRESTVIEW, FL 32539 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	FYFE, DIANE D,	
Address:	4828 CHAPPERAL STREET	
City-St-Zip:	CRESTVIEW, FL	
Title:	VP	( ) Delete
Name:	WILCOX, NANCY	
Address:	18434 DEMKO RD	
City-St-Zip:	ALTOONA, FL 32702	
Title:	ST	( ) Delete
Name:	DUNN, JOANNE,	
Address:	1063 ROYAL TROON CT.	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	C	( ) Delete
Name:	DUNN, LEWIS,	
Address:	1063 ROYAL TROON CT.	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	VP	( ) Delete
Name:	DUNN, CARLETON,	
Address:	463 N GEORGES HILL ROAD	
City-St-Zip:	SOUTHBURY, CT	
Title:	DM	( ) Delete
Name:	FYFE, RICHARD T	
Address:	4828 CHAPERRAL STREET	
City-St-Zip:	CRESTVIEW, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DIANE D. FYFE DP 03/31/2005

Electronic Signature of Signing Officer or Director — Date