2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

DOCUMENT # H63132 1. Entity Name R. P. O., INC.						O3-17-2006 90124 026 ***158.75	
Principal Place of Business 4828 CHAPPERAL STREET CRESTVIEW, FL 32539 US Mailing Address 4828 CHAPPERAL STREET CRESTVIEW, FL 32539 US				÷		表現れ I Jurium One Other Diek Noor Fill Noor Film Olen Olen Olen Olen Olen Olen Olen Olen	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03062006 Chg-P CR2E034 (11/05)	
City & State		City & State				4. FEI Number Applied For 59-2168221 Not Applicable	
Zip	Country Zip C		Coun	try		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6Name and Address of Current	Registered Agent				7. Name and Address of Now Registered Agent	
FYFE, DIANE, D 4828 CHAPPERAL STREET CRESTVIEW, FL 32539				Name Street Address (P.O. Box Number is Not Acceptable)			
, 5.				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 NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP .	☐ Delete	TITLE	4		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FYFE, DIANE D 4828 CHAPPERAL STREET CRESTVIEW, FL			E Et address -st-zip			
TITLE	VP	☐ Delete	TITLE	E)	VP.	Change Addition	
NAME	WILCOX, NANCY		NAM	E	ハトリ	COX, NANCY Addition 140 NORTH EMENEL GLOVEROAD	
STREET ADDRESS CITY-ST-ZIP	18434 DEMKO RD ALTOONA, FL 32702		1	ET ADDRESS - ST-ZIP	i)n	natilla, FLORIDA 32784	
TITLE	ST	☐ Delete	TITL		<u> </u>	Change Addition	
_NAME	DUNN, JOANNE -		МАИ	- 1	- ₹.		
STREET ADDRESS CITY-ST-ZIP	1063 ROYAL TROON CT. TARPON SPRINGS, FL 34688			ET ADDRESS -ST-ZIP			
TITLE	С	☐ Delete	TITL	E		☐ Change ☐ Addition	
NAME	DUNN, LEWIS		NAM			•	
STREET ADDRESS Criv-St-Zip	1063 ROYAL TROON CT. TARPON SPRINGS, FL 34688		•	EET ADORESS '-ST-ZIP			
TITLE	VP	☐ Delete	TΠL	E		☐ Change ☐ Addition	
NAME	DUNN, CARLETON		NAM				
STREET ADDRESS CITY-ST-ZIP	463 N GEORGES HILL ROAD SOUTHBURY, CT			EFT ADDRESS '-ST-ZIP			
TEFLE	DM	☐ Delete	TITL	E		☐ Change ☐ Addition	
NAME	FYFE, RICHARD T		. NAM				
STREET ADDRESS CITY-ST-ZIP	4828 CHAPERRAL STREET CRESTVIEW, FL		CITY	EET ADORESS /-ST-ZIP			
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 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **STRATURE AND TYPET OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Osite Osite							