2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # H85659

1. Entity Name
RS & RS, INC.

Principal Place of Business	Mailing Address
2625 S R 207 ELKTON, FL 32033	2535 STATE RD 16 ST AUGUSTINE, FL 32092

DO NOT WRITE IN THIS SPACE

03302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2613202

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, RAMU S.
2535 ST RD 16
ST AUGUSTINE, FL 32092

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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 Ramu S Patel 4-03-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PATEL, RAMU S.
STREET ADDRESS	2535 ST RD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	SD
NAME	PATEL, RAMILA R.
STREET ADDRESS	2535 ST RD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	VP
NAME	PATEL, SWATI
STREET ADDRESS	2535 ST RD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	VP
NAME	PATEL, SNEHAL
STREET ADDRESS	2535 ST RD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	VP
NAME	PATEL, AMI
STREET ADDRESS	2535 SR 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80103-014 150.00

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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: Snehal Patel SNEHAL R. PATEL 4-03-06 904-825-6745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #