


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90066 001 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # J56472</b>                |  |
| 1. Entity Name<br>RTC DEVELOPMENT CORP. |   |

|  |  |
|--|--|
| Principal Place of Business<br>300 INTERNATIONAL PKWY STE 184<br>HEATHROW, FL 32746 US | Mailing Address<br>300 INTERNATIONAL PKWY STE 184<br>HEATHROW, FL 32746 US |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>951 Market Promenade Ave. | 3. Mailing Address<br>951 Market Promenade Ave. |
|---|---|

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Suite, Apt. #, etc.<br>Suite 2105 | Suite, Apt. #, etc.<br>Suite 2105 |
|-----------------------------------|-----------------------------------|

|                               |                               |
|-------------------------------|-------------------------------|
| City & State<br>Lake Mary, FL | City & State<br>Lake Mary, FL |
|-------------------------------|-------------------------------|

|              |                |              |                |
|--------------|----------------|--------------|----------------|
| Zip<br>32746 | Country<br>USA | Zip<br>32746 | Country<br>USA |
|--------------|----------------|--------------|----------------|



04122004 Chg-P CR2E034 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-2776333 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

**6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**

|   |   |
|---|---|
| LUBINSKY, TERRY<br>300 INTERNATIONAL PKWY STE 184<br>HEATHROW, FL 32746 | Name  |
|   | Street Address (P.O. Box Number is Not Acceptable)<br>951 Market Promenade Ave. |
|   | Suite 2105  |
|   | City<br>Lake Mary   |

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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|   |   |                                |
|---|---|--------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|---|---|--------------------------------|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CANNON, FRANK J.<br>300 INTERNATIONAL PKWY STE 184<br>HEATHROW, FL 32746 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>951 Market Promenade Ave. - Suite 2105<br>Lake Mary, FL 32746 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LUBINSKY, TERRY<br>300 INTERNATIONAL PKWY STE 184<br>HEATHROW, FL 32746 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>951 Market Promenade Ave. - Suite 2105<br>Lake Mary, FL 32746 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify 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 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  | TERRY LUBINSKY | 4-19-04 (407) 804-8949 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                | Date Daytime Phone #   |