2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 17, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # K87314				
R.C.A. TĒ	RUCKING, INC.	ر ما ما)	
Principal Place 3914 GRAND #1	e of Business	Mailing Address 3914 GRAND BLVD. #1			
	HEY, FL 34562	N. PORT RICHEY, FL 34562		THE PROPERTY CONTROL CONTROL COURT COURT BOOK COURT BOOK COURT BOOK COURT BOOK COURT	
D	O NOT WRITE	IN THIS SPA	CE	07072005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2948317 Not Applicab 59-2948317 \$8.75 Additional	
<u> </u>	Mailing Address ALVD. 3914 GRAND BLVD. #1 N. PORT RICHEY, FL 34562 DY072005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-2948317 No Chg-P CR2E034 (10/03) 4. FEI Number 59-2948317 Not Applicable 5. Certificate of Status Desired Status Desired Status Desired Status Desired Peo Required 6. Name and Address of Curront Registered Agent DO NOT WRITE IN THIS SPACE THIS SPACE THIS SPACE AND THIS SPACE THIS SPACE				
ROUHOS, COSTAS 5020 STARDALE DR. HOLIDAY, FL 34690				IN THIS SPACE	
	tions of registered agent.			tered agent, or both, in the State of Florida. I am famillar with, and a	
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005				
10.		IRECTORS .		(#76/0) #12.76/55 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROUHOS, COSTAS 5020 STARDALE DR HOLIDAY, FL		<u></u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP		NAME OF THE PARTY			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				and the second s	
12. I hereby	certify that the information supplied with a certify that the information supplied with a certify that report or supplemental report is receiver or trustee empore and the supplemental reports that the supplemental reports that the supplemental reports the supplemental reports that the supplemental reports that the supplemental reports that the supplemental reports that the supplemental reports the supplemental reports that the supplemental reports the supplemental report is supplemental reports the supplemental repo	his filing does not qualify for the exercise and accurate and that my signal vered to execute this report as redu	emption stated in Stature shall have the	Section 119.07(3)(i), Florida Statutes, I further certify that the inform ne same legal effect as if made under oath; that I am an officer or do 307, Florida Statutes; and that my name appears in Block 10 or Block.	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR