

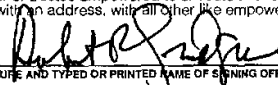


Jan 26  
Sec

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000000035</b>		
1. Entity Name RS FINANCIAL GROUP, INC.		
Principal Place of Business 520 S FLORIDA AVE. LAKELAND, FL 33801	Mailing Address P.O. BOX 24420 LAKELAND, FL 33802	
<b>DO NOT WRITE IN THIS SPACE</b>		
		
		01242005    No Chg-P    CR2E034 (10/03)
4. FEI Number <b>59-3627940</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
SNODGRASS, ROBERT F 520 S. FLORIDA AVE. LAKELAND, FL 33801		<b>DO NOT WRITE IN THIS SPACE</b>
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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	SNODGRASS, ROBERT F	
STREET ADDRESS	520 S. FLORIDA AVE.	
CITY- ST- ZIP	LAKELAND, FL 33801	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 		1/24/05 863-687-3679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #