2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000056396

1. Entity Name

RESOURCE CONSERVATION ENTERPRISES, INC.



FILED Apr 28, 2006 08:00 AM Secretary of State

Principal Place of Business

3062 OLD US RD MARIANNA, FL 32446 Mailing Address

3062 OLD US RD MARIANNA, FL 32446



DO NOT WRITE IN THIS SPACE

04262008 No

hg-P CR2EO

CR2E034 (11/05)

FEI Number
59-3652500

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ENGLISH, RANDAL C 3062 OLD US RD MARIANNA, FL 32446

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8.	The above named onlity 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

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

[NOTE: Registered Agent signature required when reinstaling]

DATE

FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

me NAME ENGLISH, TERRY L STREET ADDRESS 3062 OLD US RD CATY-ST-ZIP MARIANNA, FL 32446 1371.5 ENGLISH, RANDALL C NAME STREET ADDRESS 3062 OLD US RD MARIANNA, FL 32446 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CHTY-ST-ZTP TITLE NAME STREET ADDRESS City-st-zip

U00000542357 05/10/06-80036-005 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby 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 cath, that I am an officer or director of the corporation or the receiver or tustee 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:

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

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