2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2008 8:00 am **Secretary of State** DOCUMENT # P00000062223 02-07-2008 90025 002 ***150.00 **R-TWO CORPORATION** Principal Place of Business Mailing Address 251 S LAKE DESTINY DR 251 S LAKE DESTINY DR ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 59-3655315 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALTSMAN, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 222 S PENNSYLVANIA AVE, STE 200 WINTER PARK FL 32789 Zip Code City FI 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, typed or printed transpot registring agent and the Tappicasia. fkOTE. Registered Agent alignatura required whom rollestatings FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Addition ☐ Delete MAINE RUSNAK, RICHARD S NAME 251 S LAKE DESTINY DR STREET ADDRESS STREET ADDRESS. ORLANDO FL 32810 CITY ST. ZIP CITY-ST-ZIP TITLE ☐ Derete THILE Addition DAVID C. RUSNAK. 251 S. LAKE DESTINY DR. NAME MAME STREET ADDRESS STREET ADDRESS ORLANDO, FL 32810 CITY-ST-ZIP CITY-ST-ZIP Defete Change Addition (UME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP De ete ☐ Change Addition TREE THEF NAME MAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THILE Change ■ Addition STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-S1-7IP TITLE ☐ Delete TITLE Change Addition MAME NEME STREET ADDRESS STREET ADDRESS CITY ST-ZIP Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

Date

Davisore Poorce #

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with

SIGNATURE:

FILED