


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90170 030 ***150.00

DOCUMENT # P01000005965

1. Entity Name
R & C CONSULTING OF NORTHWEST FLORIDA, INC.



Principal Place of Business
**10059 HUNTSMAN PATH
 PENSACOLA, FL 32514**

Mailing Address
**10059 HUNTSMAN PATH
 PENSACOLA, FL 32514**

2. Principal Place of Business
3902 NORTH 9th AVE

3. Mailing Address
3902 NORTH 9th AVE

Suite, Apt. #, etc.
SUITE 14

Suite, Apt. #, etc.
SUITE 14

City & State
PENSACOLA FL

City & State
PENSACOLA FL

Zip
32503

Country

Zip
32503

Country



04202006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**ROSWOLD, GARY R
 10059 HUNTSMAN PATH
 PENSACOLA, FL 32514**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSWOLD, GARY 10059 HUNTSMAN PATH PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 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: Gary Roswold **4-27-06 850 433 9335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #