

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000028561

1. Entity Name  
RTD, INC.



Principal Place of Business  
717 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082

Mailing Address  
717 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082

FILED

06 JAN -4 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3713441

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

### 6. Name and Address of Current Registered Agent

IVAN, MICHAEL J JR, ESQ  
ONE INDEPENDENT DRIVE SUITE 2600  
JACKSONVILLE, FL 32202

DO NOT WRITE  
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DESMEDT, ROBERT T  
717 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900062640809  
01/04/06--01031--010 \*\*\$150.00

DO NOT WRITE  
IN THIS SPACE

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: Robert Desmedt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 904-285-3617  
Date Daytime Phone #