

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90015 035 ***150.00

DOCUMENT # P01000030796 1. Entity Name R AND C INT DESIGNS INC.																																			
Principal Place of Business 4541 OLD ST AUGUSTINE RD #8 JACKSONVILLE, FL 32254		Mailing Address 4541 OLD ST AUGUSTINE RD #9 JACKSONVILLE, FL 32254																																	
2. Principal Place of Business 4541 St Augustine RD Suite, Apt. #, etc. #8 City & State JACKSONVILLE, FL Zip 32207		3. Mailing Address 4541 St Augustine RD Suite, Apt. #, etc. #8 City & State JACKSONVILLE, FL Zip 32207																																	
4. FEI Number 65-1095606		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent CHIRKOVICH, ROSE 4541 ST AUGUSTINE RD #8 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name ALEXSANDAR Chirkovich Street Address (P.O. Box Number is Not Acceptable) 4541 St Augustine RD City JACKSONVILLE FL Zip Code 32207																																	
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: <u><i>Alexsandar Chirkovich</i></u>																																			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> * PRES CHIRKOVICH, ALEXSANDAR 4541 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32207 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	* PRES CHIRKOVICH, ALEXSANDAR 4541 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32207															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		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 exemption stated in Section 119.07(3)(i), 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: <u><i>Alexsandar Chirkovich</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			