2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (A	R)		FILED
DOCUMENT # P91000041617 1. Entity Name					Apr 30, 2005 08:00 AM
	RKS, INC.				Secretary of State
Principal Place of Business Mailing Address					
4159 CORPORATE CT.		4159 CORPORATE CT.			
SUITE B PALM HARBOR FL 34683		SUITE B PALM HARBOR FL 34683		-	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc			1st MOORE
City & State		City & State			4. FEI Number 65-1099852 Applied For Not Applied For
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
415	STLETHWAITE, JOHN 9 CORPORATE CT.				P.O. Box Number is Not Acceptable)
PAL	M HARBOR FL 34683				
				City	FL Zip Code
	named entity submits this statement folions of registered agent.	r the purpose of changin	g its register	red office or register	red agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable	(NOTE Register	ed Agent signature required	d when rainstating) DATE
F	ILE NOW!!! FEE IS \$150.00				Election Campaign Financing \$5.00 May B
After	May 1, 2005 Fee Will Be \$550.00 Payable to Florida Department o				9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D POSTLETHWAITE, JOHN	☐ Delete	Titi NAM		Charige Addition
STREET ADDRESS	4159 CORPORATE CT. PALM HARBOR FL 34683		STE	REET ADDRESS Y-SI-ZIP	U00000348305 05/02/05-80019-023 150.00
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TITLE	<u> </u>	☐ Delete	TIT	l F	☐ Change ☐ Addition
NAME			hA/f	1	
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP	
# 0 11 miles	bertify that the information supplied with	Mils filling does not quali	4. for the rice	- main elem estata el la Co	ection 1 (9.07(3)(i), Florida Statutes. I further certify that the information
indicated of the cor changed	on the report or supplemental reports potation or the receives or trustee emp or on an attachment with an address,	s true and accurate and to owered to execute this re with all other like empowe	hat my sign. poort a requ ereg	ature shall have the lired by Chapter 60	same legal effect as if made under oath; that I am an officer or direction. Florida Statutes; and that my name appears in Block 10 or Block 11
11. Thereby certify that the information stoplied with this filling does not quality for the exemption stated in Scalar 19. The state of the composition of the report of supplemental reports the and accurate and that my signature shall have the same legal effect as if made under orath; that I am an officer or directly of the corporation or the receives of trustele empowered to execute this report of required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an action same legal effect as if made under orath; that I am an officer or directly of the corporation or the receives of trustele empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an action same legal effect as if made under orath; that I am an officer or directly of the corporation or the receives of the corporation					

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