


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000059013
1. Entity Name
RESUMES TO GO, INC.



Principal Place of Business Mailing Address
3765 BESS RD. 3765 BESS RD.
JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277

DO NOT WRITE IN THIS SPACE



04302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3723480 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DURAN, CARMEN L
3765 BESS ROAD
JACKSONVILLE, FL 32277

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	CEOP BOGARD, L.C. III 3765 BESS ROAD JACKSONVILLE, FL 32277
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IN THIS SPACE**

UN0000359285
05/04/05-80150-002-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *L.C. Bogard, III* 30 Apr 2005 904 745 3105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #