


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 001 ***150.00

DOCUMENT # P02000021359 1. Entity Name RAPID 59, INC.					
Principal Place of Business 5446 HECKSCHER DRIVE JACKSONVILLE, FL 32226			Mailing Address 5446 HECKSCHER DRIVE JACKSONVILLE, FL 32226		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KITLER, JAMES R 5446 HECKSCHER DRIVE JACKSONVILLE, FL 32226				Name Susan S. Alvarez Street Address (P.O. Box Number is Not Acceptable) 14560 Yellow Bluff Road City Jacksonville FL Zip Code 32226	
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 <i>Susan S. Alvarez</i>		SIGNATURE <i>Susan S. Alvarez</i>		DATE 4/26/05	
Signature, typed or printed name of registered agent and type, if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KITLER, JAMES R	NAME	Alvarez, Susan S.		
STREET ADDRESS	5446 HECKSCHER DRIVE	STREET ADDRESS	14560 Yellow Bluff Road		
CITY-ST-ZIP	JACKSONVILLE, FL 32226	CITY-ST-ZIP	Jacksonville, FL 32226		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALVAREZ, RAY RICHARD JR.	NAME	Alvarez Ray Richard Jr.		
STREET ADDRESS	5446 HECKSCHER DRIVE	STREET ADDRESS	14560 Yellow Bluff Rd.		
CITY-ST-ZIP	JACKSONVILLE, FL 32226	CITY-ST-ZIP	Jacksonville, FL 32226		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Ray Alvarez</i>		DATE 4/26/05 (904) 463-6505			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			