

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90427 046 ***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 - No P.O. Box #

9252 Woodsman Cove Lane

3. Mailing Address

9252 Woodsman Cove Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04262007 Chg-P CR2E034 (12/06)

City & State
Jacksonville, FL
Zip
32226
Country
USA

City & State
Jacksonville FL
Zip
32226
Country
USA

4. FEI Number
03-0347191

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, SUSAN S
14560 YELLOW BLUFF ROAD
JACKSONVILLE, FL 32226**

7. Name and Address of New Registered Agent

Name **Susan S. Alvarez**
Street Address (P.O. Box Number is Not Acceptable)
9252 Woodsman Cove Lane
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 *[Signature]* **Susan S. Alvarez** **4/26/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KITLER, JAMES R**
STREET ADDRESS **5446 HECKSCHER DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE **D** ☐ Delete
NAME **ALVAREZ, RAY RICHARD JR.**
STREET ADDRESS **14560 YELLOW BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE **S** ☐ Delete
NAME **ALVAREZ, SUSAN S**
STREET ADDRESS **14560 YELLOW BLUFF ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Alvarez, Ray Richard Jr.**
STREET ADDRESS **9252 Woodsman Cove Lane**
CITY-ST-ZIP **Jax., FL 32226**

TITLE **S** ☒ Change ☐ Addition
NAME **ALVAREZ, SUSAN S.**
STREET ADDRESS **9252 Woodsman Cove Lane**
CITY-ST-ZIP **Jacksonville, FL 32226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **Ray Richard Alvarez Jr** **4/26/07** **(904) 463-6505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #