

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90124 011 ***150.00

DOCUMENT # P02000057918

1. Entity Name
RESORT BUSINESS CONSULTING AND MANAGEMENT
INC.



Principal Place of Business
1515 RIDGEWOOD AVE
HOLLY HILL, FL 32117

Mailing Address
1515 RIDGEWOOD AVE
HOLLY HILL, FL 32117

2. Principal Place of Business
10 meadow Ridge view

3. Mailing Address
10 meadow Ridge view

City & State
Ormond Beach FL

City & State
Ormond Bch FL

Zip
32174

Country
Volusia

Zip
32174

Country
Volusia



01102005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
LOGUIDICE, JOSEPH A
1515 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

4. FEI Number
02-0602977

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Joe Loguidice DATE 1/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGUIDICE, ARTHUR J III 1515 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Loguidice Arthur J III 10 meadow Ridge view Ormond Beach FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGUIDICE, NANCY J 1515 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Loguidice Nancy J 10 meadow Ridge view Ormond Bch FL 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Arthur J Loguidice DATE 4/5/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 386 672-5469
386 212-4693