## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000089870

IHDE, KRISTIE B

152 OVERLOOK DR

CHULUOTA, FL 32766

Name: Address:

City-St-Zip:

Entity Name: RSSK ENTERPRISES, INC.

FILED Jul 24, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 125 N VIRGINIA AVE SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** P.O. BOX 32 125 N VIRGINIA AVE SANFORD, FL 32772 SANFORD, FL 32771 FEI Number: 55-0792403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STANKIEWICZ, STEPHEN R 125 N VIRGINIÁ AVE SANFORD, FL 32771 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition STANKIEWICZ, ROSE H Name: Name: 125 N VIRGINIA AVE Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: Title: () Delete () Change () Addition Name: STANKIEWICZ, STEPHEN R Name: 125 N VIRGINIA AVE Address: Address: SANFORD, FL 32771 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition STANKIEWICZ, SHANNON R Name: Name: 125 N VIRGINIA AVE Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHEN STANKIEWICZ VP 07/24/2008