2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED Jan 23, 2006 08:00 AM **Secretary of State** CUMENT # P02000122653 R.P., INC. al Place of Business Mailing Address 152 SANDCASTLE DRIVE ORMOND BEACH FL 32176 ANDCASTLE DRIVE OND BEACH FL 32176 cipal Place of Business 3. Mailing Address 8, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied Far City & State & State 4. FEI Number 41-2076703 Not Applicat Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name TABASKY, ROBERT H Street Address (P.O. Box Number is Not Acceptable) E152 SANDCASTLE DRIVE ORMOND BEACH FL 32176 Zip Cods City above named entity submits this statement for the purcose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access obligations of registered agent. 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 WET May 1, 2006 Fee Will Be \$550.00 \$5.00 May © Election Campaign Financing Trust Fund Contribution. Added to Fees wheck Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPS Change Artificia ☐ Detete T)TLE FESCHING, FRANK C JR NAME U00000336252 01/30/06-80002-004 150.00 STREET AGORESS 152 SANDCASTLE DRIVE ORMOND BEACH FL 32176 CITY-ST-ZIP Change □ 227° DVT Ωl Delete THE NA TABASKY, ROBERT H MAME 152 SANDCASTLE DRIVE STREET ADDRESS CITY-ST-ZIP C33 ORMOND BEACH FL 32176 Change ☐ Adam ☐ Detate me NA. NAME STI STREET ADDRESS C{}} CITY - ST - ZIP ☐ Change T Arren TH Defete TITLE MAME NA. STREET ADDRESS STI CIT CITY-ST-ZIP ☐ Change Ađđilio ☐ Delete TILLE MAME NA STF STREET ADDRESS CITY - ST - ZIP CiT ☐ Change Adding Adding TOTA ☐ Detete TATLE NAt NAME STREET ADDRESS STE CITY-ST-ZIP CIT

certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information sicaled 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 the proportion 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 hanged, or on an attachment with an address, with all other like empowered.

ROBERT H TABBASKY

1/18/06

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