-2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM **DOCUMENT # P03000013434 Secretary of State** 1. Entity Name RCI BUILDING AND DEVELOPMENT INC. Mailing Address Principal Place of Business 2458 LONG SANDY CIRCLE 2458 LONG SANDY CIRCLE MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1867408 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT SCANNELL, JOHN 1301 NW 6TH STREET BOCA RATON, FL 33486 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 100000184346 SCANNELL, WENDY NAME 01/20/05-80026-022 158.75 STREET ADDRESS 2458 LONG SANDY CIRCLE CITY-ST-ZIP MERRITT ISLAND, FL 32952 TIFLE WARD, KEN STREET ADDRESS 199 ANTIGUA DRIVE CITY-ST-ZIP COCOA BEACH, FL 32931 TITLE STD SCANNELL, JOHN NAME 1301 NW 6TH STREET STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BOCA RATON, FL 33486 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGHING OFFICER ON DIRECTOR

1/13/05

Daytime Phone #

FILED