

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000024417 1. Entity Name RGV CONSULTING, INC.					
Principal Place of Business 1001 CORDOVA BLVD NE SAINT PETERSBURG FL 33704			Mailing Address 1001 CORDOVA BLVD NE SAINT PETERSBURG FL 33704		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 04-3756387	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASCHAK, ROBERT 1001 CORDOVA BLVD NE SAINT PETERSBURG FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000425404 02/18/06-80094-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASCHAK, VALERIE 1001 CORDOVA BLVD, NE ST. PETERSBURG FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
12. I hereby 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 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: <i>Robert W. Haschak</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT W. HASCHAK			Date 2/5/06 Daytime Phone # 727-823-601		