


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90207 042 \*\*\*150.00

DOCUMENT # <b>P03000031745</b>			
1. Entity Name <b>R.C. CONSTRUCTION &amp; TRUCKING, INC.</b>			
Principal Place of Business <b>5365 MONTERREY ROAD CRESTVIEW FL 32539</b>		Mailing Address <b>5365 MONTERREY ROAD CRESTVIEW FL 32539</b>	
2. Principal Place of Business - No P.O. Box # <b>3197 Sapp Road</b>		3. Mailing Address <b>PO Box 2032</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Crestview, Florida</b>	
City & State <b>Cottondale, Florida</b>		City & State <b>FL</b>	
Zip <b>32431</b>	Country <b>USA</b>	Zip <b>32536</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>CHRISTMAS, LISA 3197 SAPP RD. COTTONDALE FL 32431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Lisa L. Christmas</i> (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CHRISTMAS, RANDALL</b> <b>5365 MONTERREY ROAD</b> <b>CRESTVIEW FL 32539</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CHRISTMAS, LISA</b> <b>5365 MONTERREY ROAD</b> <b>CRESTVIEW FL 32539</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lisa L. Christmas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07 1-850-573-1474  
Date Daytime Phone #