2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # P03000036647 02-28-2005 90201 010 ***150.00 RDP MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 4046 TERIWOOD AVENUE 4046 TERIWOOD AVENUE ORLANDO FL 32812 ORLANDO FL 32812 3. Mailing Address 17549 Seidner Road 2. Principal Place of Business Seidner Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Winter Garden City & State Applied For 4. FEI Number 81-0605222 Winter Garden Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 34787 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUGH. RICHARD D Street Address (P.O. Box Number is Not Acceptable) **4046 TERIWOOD AVENUE** ORLANDO FL 32812 City 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES ☐ Change TITLE Delete TITLE PUGH, RICHARD D NAME 4046 TERIWOOD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP IIILE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP THILE Detete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing 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 and deess, with all other like empowered.

FILED