

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90075 014 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                 |                                                                                                                        |                                                                                                                                                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000044051</b><br>1. Entity Name<br><b>R.C. HANKIN ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                 |                                                                                                                        |                                                                                                                                                                                                                       |                                                                              |
| Principal Place of Business<br><b>630 EAGLE POINT SOUTH<br/>KISSIMMEE, FL 34746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                 | Mailing Address<br><b>630 EAGLE POINT SOUTH<br/>KISSIMMEE, FL 34746</b>                                                |                                                                                                                                                                                                                       |                                                                              |
| 2. Principal Place of Business<br><b>2930 EVANS DRIVE</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                 | 3. Mailing Address<br><b>2930 EVANS DRIVE</b><br>Suite, Apt. #, etc.                                                   |                                                                                                                                                                                                                       |                                                                              |
| City & State<br><b>KISSIMMEE, FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                 | City & State<br><b>KISSIMMEE, FLORIDA</b>                                                                              |                                                                                                                                                                                                                       |                                                                              |
| Zip<br><b>34758</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | Country<br><b>USA</b>           |                                                                                                                        | 4. FEI Number<br><b>76-0735961</b>                                                                                                                                                                                    |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                 |                                                                                                                        | Applied For<br>Not Applicable                                                                                                                                                                                         |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>COHN, SCOTT E ESQ.<br/>315 SE 7TH STREET<br/>2ND FLOOR<br/>FT. LAUDERDALE, FL 33301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                 |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>CHRISTINE HANKIN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2930 EVANS DRIVE</b><br>City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34758</b> |                                                                              |
| 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.<br>SIGNATURE <b>CHRISTINE HANKIN</b> <span style="float: right;">1/27/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                        |                                                                     |                                 |                                                                                                                        |                                                                                                                                                                                                                       |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                 | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>HANKIN, RICKY<br>630 EAGLE POINT SOUTH<br>KISSIMMEE, FL 34746  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | D HANKIN, RICKY<br>2930 EVANS DRIVE<br>KISSIMMEE, FL 34758                                                                                                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D HANKIN, CHRISTINE<br>630 EAGLE POINT SOUTH<br>KISSIMMEE, FL 34746 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | D HANKIN, CHRISTINE<br>2930 EVANS DRIVE<br>KISSIMMEE, FL 34758                                                                                                                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Delete                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 with an address, with all other like empowered. |                                                                     |                                 |                                                                                                                        |                                                                                                                                                                                                                       |                                                                              |
| SIGNATURE: <b>CHRISTINE HANKIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                 | Date <b>1/27/05</b> Daytime Phone # <b>321-697-5494</b>                                                                |                                                                                                                                                                                                                       |                                                                              |