

JAN-1-1999 02:48P FROM:

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90722 025 ***150.00

DOCUMENT # P03000053990			
1. Entity Name RCT SERVICES, INC.			
Principal Place of Business 13950 62ND STREET NORTH CLEARWATER, FL 33760		Mailing Address 13950 62ND STREET NORTH CLEARWATER, FL 33760	
2. Principal Place of Business Subs. Apt. #, etc.		3. Mailing Address Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 47-0919157		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHISHOLM, KAREN L 13950 62ND STREET NORTH CLEARWATER, FL 33760		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 _____ Signature, name in printed form of registered agent and title if applicable. (NOTE: Registered agent signature required when submitting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete CHISHOLM, RUSTY 13950 62ND STREET NORTH CLEARWATER, FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete CHISHOLM, KAREN L 13950 62ND STREET NORTH CLEARWATER, FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, 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: <u>Rusty Chisholm</u>		Date: <u>4-29-04</u> 787-530-4115	