


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2006 08:00 AM
Secretary of State

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
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0919157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHISHOLM, KARAN L 13950 62ND STREET NORTH CLEARWATER, FL 33760

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, RUSTY 13950 62ND STREET NORTH CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, KARAN L 13950 62ND STREET NORTH CLEARWATER, FL 33760
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Rusty Chisholm RUSTY CHISHOLM 2-15-06 727-531-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #