


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2007 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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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0919157	Applied For 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

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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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05/04/07-80010-001 150.00

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: <i>Karan L. Chisholm</i> Karan L. Chisholm	4-19-07	727-531-6300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>