## 2005 FOR PROFIT CORPORATION

SIGNATURE: \_

## May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2005 90528 020 \*\*\*150.00 DOCUMENT # P0400003880 1. Entity Name RDP & ASSOCIATES, INC Principal Place of Business Mailing Address 50045930 6098 GRANDEUR ST 6098 GRANDEUR ST ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03142005 CR2E034 (10/03) City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTON, RONALD D Street Address (P.O. Box Number is Not Acceptable) 6098 GRANDEUR ST ENGLEWOOD, FL 34224 Zio Code City 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change PATTON, RONALD D NAME NAME STREET ADDRESS 6098 GRANDEUR ST STREET ADDRESS CITY-ST-2IP ENGLEWOOD, FL 34224 CITY-ST-ZIP DILE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST- 7IP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

3/31/03

Daytime Phone #

**FILED**