


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90329 029 ***150.00

DOCUMENT # P04000015225 1. Entity Name RSWF HOLDING CORPORATION					
Principal Place of Business P.O. BOX 08311 FORT MYERS, FL 33908			Mailing Address P.O. BOX 08311 FORT MYERS, FL 33908		
2. Principal Place of Business <i>14200 Royal Harbour</i> <i>Suite Apt. #, etc. Court # 704</i> <i>FL. Myakka FL</i> <i>33908</i>			3. Mailing Address <i>Same</i> City & State <i>FL. Myakka FL</i> Zip <i>33908</i>		
4. FEI Number 11-3711679			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 KUSHNER, STEVEN P 14241 METROPOLIS AVENUE SUITE 100 FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MILLER, RICHARD N STREET ADDRESS P.O. BOX 08311 CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE <i>Mailing Address</i> NAME <i>14200 Royal Harbour Court # 704</i> STREET ADDRESS <i>FL. Myakka FL</i> CITY-ST-ZIP <i>33908</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reporting 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>[Signature]</i>			4-21-05 239.466.5960		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		