

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90193 023 ***150.00

DOCUMENT # P04000017172					
1. Entity Name RXT CONTRACTING, INC.					
Principal Place of Business 2010 KINGS CIRCLE SOUTH SUITE A NEPTUNE BEACH, FL 32266			Mailing Address 2010 KINGS CIRCLE SOUTH SUITE A NEPTUNE BEACH, FL 32266		
2. Principal Place of Business 8812 ALTON AVENUE Suite, Apt. #, etc.		3. Mailing Address 8812 ALTON AVENUE Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL Zip 32211 Country USA		City & State JACKSONVILLE, FL Zip 32211 Country USA		02132006 Chg-P CR2E034 (11/05)	
4. FEI Number 30-0226694				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 FRESHWATER, CHARLES D 3559 FOREST BEND TERRACE JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name: CHARLES D. FRESHWATER Street Address (P.O. Box Number is Not Acceptable): 8812 ALTON AVENUE City: JACKSONVILLE FL Zip Code: 32211		
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P FRESHWATER, CHARLES D 3559 FOREST BEND TERRACE JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					