

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000024409

1. Entity Name
RESIDENT RELOCATION SERVICES, INC.



Principal Place of Business
6030 ULMERTON ROAD
CLEARWATER, FL 33760

Mailing Address
6030 ULMERTON ROAD
CLEARWATER, FL 33760

FILED
Sep 03, 2008 08:00 AM
Secretary of State



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3146043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRARO, NICK
6030 ULMERTON ROAD
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME FERRARO, NICK
STREET ADDRESS 446 RAFAEL BLVD. NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE S
NAME FERRARO, NICK
STREET ADDRESS 446 RAFAEL BLVD NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE T
NAME FERRARO, NICK
STREET ADDRESS 446 RAFAEL BLVD NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000958813
09/03/08-80004-006 550.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NICK FERRARO

9/26/08