

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90157 001 \*\*\*150.00

DOCUMENT # P04000029894

1. Entity Name

RTG CONSTRUCTION INC.



Principal Place of Business

102 NE 18TH STREET  
DELRAY BEACH FL 33444  
US

Mailing Address

102 NE 18TH STREET  
DELRAY BEACH FL 33444  
US

2. Principal Place of Business

328 South Rd  
Suite, Apt. #, etc.

3. Mailing Address

328 South Rd  
Suite, Apt. #, etc.

City & State

Boynton Beach FL  
Zip 33435 Country US

City & State

Boynton Beach FL  
Zip 33435 Country US

4. FEI Number

20071735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOOSTER, JEFF S  
102 NE 18TH STREET  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WOOSTER, JEFFERY S	
STREET ADDRESS	102 NE 18TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOOSTER, MALIDA L	
STREET ADDRESS	102 NE 18TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUNT, GLORIA J	
STREET ADDRESS	1491 MAHOGANY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

Date

Daytime Phone