


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90003 010 ***150.00

DOCUMENT # P04000032360 1. Entity Name RESCUE INTERVENTIONS & TECHNOLOGIES, INC.	
--	---

Principal Place of Business 303 W WHEELER RD SEFFNER, FL 33584	Mailing Address 303 W WHEELER RD SEFFNER, FL 33584
--	--

40102000



08212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0753091	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 RYDL, LESLIE M 303 W WHEELER RD SEFFNER, FL 33584

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYDL, LESLIE M 303 W WHEELER RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, CLINTON 303 W WHEELER RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGDON, RICHARD 303 W WHEELER RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGEL, TODD 303 W WHEELER RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Leslie M. Rydl **LESLIE M. RYDL** *president 8-22-06* **813-655-9571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #