

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049769

Entity Name: RKP ENTERPRISES, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

3194 GLENVIEW RD  
THE VILLAGES, FL 32162

## New Principal Place of Business:

## Current Mailing Address:

3194 GLENVIEW RD  
THE VILLAGES, FL 32162

## New Mailing Address:

FEI Number: 20-0960921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERKINS, RICHARD  
3194 GLENVIEW ROAD  
LADY LAKE, FL 32162 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: PENKINS, RICHARD  
Address: 3194 GLENVIEW ROAD  
City-St-Zip: THE VILLAGES, FL 32162

Title: VPS ( ) Delete  
Name: PERKINS, KAREN  
Address: 3194 GLENVIEW RD  
City-St-Zip: THE VILLAGES, FL 32162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD R. PERKINS

PRES

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date