## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 27, 2007 08:00 A Secretary of State **DOCUMENT # P04000052693** 1. Entity Name RR&D CONVENIENCE, INC. Principal Place of Business Mailing Address 6971 W. GULF TO LAKE HIGHWAY 6971 W. GULF TO LAKE HIGHWAY CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 04262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0111821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARKER, RICKY L DO NOT WRITE 2183 S. ROCKCRUSHER RD. HOMOSASSA, FL 34448 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 Fiorida. I am familiar with, and accept the obligations of fistered agent. printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PRES TITLE BARKER, RICKY L NAME STREET ADDRESS 2183 S. ROCKCRUSHER RD. U00000737478 05/11/07-80029-017 150.00 CITY-ST-7)P HOMOSASSA, FL 34448 SEC TITLE BARKER, REBECCA J NAME STREET ADDRESS 2183 S. ROCKCRUSHER RD. CITY+ST-7IP HOMOSASSA, FL 34448 TREA TITLE NAME BARKER, REBECCA J 2183 S. ROCKCRUSHER RD. STREET ADDRESS DO NOT WRITE HOMOSASSA, FL 34448 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 early; that I am an officer or director of the corporation or the receiver of 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 ail other like empowered.

**FILED**