Apr 29 05 10:02a LYNNE CASTLE

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Secretary of State
05-02-2005 90441 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000066259

1. Entity Name
THE RSP CORPORATION

66023625

Principal Place of Business	Mailing Address
639 HAGAN LANE FERNANDINA BEACH, FL 32034 US	639 HAGAN LANE FERNANDINA BEACH, FL 32034 US

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 1704 Blue Heron Ln	3. Mailing Address: 1704 Blue Heron Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Bch. Fl	City & State: Fernandina Bch. Fla.
Zip: 32034 Country: Nassau	Zip: 32034 Country: Nassau

4. FEI Number: 20-1039066 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POPE, RYAN S
~~639 HAGAN LANE~~
~~FERNANDINA BEACH, FL~~ 32034

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P POPE, RYAN S ~~639 HAGAN LANE~~ FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POPE, STANLEY W 693 NASSAUVILLE RD FERNANDINA BEACH, FL 32035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #