

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90044 006 \*\*\*158.75

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03142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000067073</b>					
1. Entity Name RTR CONSTRUCTION, INC.					
Principal Place of Business 449 UNDERWOOD TRAIL PALM COAST, FL 32137			Mailing Address 449 UNDERWOOD TRAIL PALM COAST, FL 32137		
2. Principal Place of Business 33 Tropic Drive		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port Orange, Florida		City & State		4. FEI Number 20-1038800	
Zip 32121		Country Volusia		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  REINARD, RICH 449 UNDERWOOD TRAIL PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Michael B. Westcott Street Address (P.O. Box Number is Not Acceptable) 33 Tropic Drive City Port Orange FL Zip Code 32121		
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: <u>Michael B. Westcott</u> 03/14/05 <small>(NOTE: Registered Agent signature required when renewing)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WESTCOTT, MICHAEL B 449 UNDERWOOD TRAIL PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEER, GEDDY LEE 1162 BREY MAR RD. DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINDHAM, CHRISTOPHER A 116 S. COATES, APT. 12 DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Dave Swyhart 19 Aaron Circle Ormond Beach, Florida 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael B. Westcott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/14/05		(386) 341-2062	