


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90066 007 ***150.00

DOCUMENT # P04000067105 1. Entity Name RDA RECOVERY INC					
Principal Place of Business 641 SWEET WOOD DR PORT ORANGE, FL 32127			Mailing Address 641 SWEET WOOD DR PORT ORANGE, FL 32127		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1515 Ridgewood Ave Suite, Apt. #, etc. A			
City & State 		City & State Holly Hill FL		4. FBI Number 20-1034831	
Zip 	Country 	Zip 32117	Country Polusia	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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><i>JOE Loguidice</i></u> DATE: <u>7/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREAS, MICHAEL 641 SWEET WOOD DR PORT ORANGE, FL 32127		<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"/> Change <input type="checkbox"/> Addition		
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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><i>Michael R. ANDREAS</i></u> 8/29/05 (38) 527-5031 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					