

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000110757

1. Entity Name
RPS HOSPITALITY INSTALLATIONS, INC.



Principal Place of Business
4105 DERBY DR.
LAKELAND, FL 33809

Mailing Address
4105 DERBY DR.
LAKELAND, FL 33809



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1439809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOER, RICHARD P
4105 DERBY DR.
LAKELAND, FL 33809

**DO NOT WRITE
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 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STOER, RICHARD P
4105 DERBY DR.
LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HOWARD, JOHN P
4105 DERBY DR.
LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECY
STOER, PATRICIA A
4105 DERBY DR.
LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREA
STOER, HARRY R
4105 DERBY DR.
LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000720313
05/01/07-80099-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #