

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000114107

1. Entity Name  
R.C. DESIGN CONSULTANTS, INC.



APPROVED  
AND  
FILED

05 APR 18 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
501 W 7 AVE  
TALLAHASSEE, FL 32303

Mailing Address  
501 W 7 AVE  
TALLAHASSEE, FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-P

CR2E034 (10/03)

*MRS*

4 FEI Number **16-1705191**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, MARK S  
245 E VIRGINIA ST  
TALLAHASSEE, FL 32301

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 *President*  
NAME *Roger Chantrelle*  
STREET ADDRESS *501 W 7 Ave*  
CITY-ST-ZIP *Tall FL 32303*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600054038806**  
**05/09/05--01014--024 \*\*150.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/05*

Daytime Phone #