

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90257 024 ***150.00

DOCUMENT # P04000123660 1. Entity Name RWC CONSTRUCTION INC.			
Principal Place of Business 5400 S.W. COLLEGE ROAD 302-132 OCALA, FL 34474		Mailing Address 5400 S.W. COLLEGE ROAD 302-132 OCALA, FL 34474	
2. Principal Place of Business 15340 SE 73rd Ave Suite, Apt. #, etc.		3. Mailing Address 15340 SE 73rd Avenue Suite, Apt. #, etc.	
City & State Summerfield, FL Zip 34491		City & State Summerfield, FL Zip 34491	
Country USA		Country USA	
4. FEI Number 364559952		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent WILLIAMS, GREG E 5400 S.W. COLLEGE ROAD 302-132 OCALA, FL 34474		7. Name and Address of New Registered Agent Name Kevin S. Reedy Street Address (P.O. Box Number is Not Acceptable) 15340 SE 73rd Avenue City Summerfield FL Zip Code 34491	
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 X Kevin S. Reedy 4-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	P, T REEDY, KEVIN S 15340 S.E. 73RD AVENUE SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, WILLIAMS, GREG E 5400 S.W. COLLEGE ROAD STE. 302-132 OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, GREG E 5400 S.W. COLLEGE ROAD STE. 302-132 OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 X Kevin S. Reedy		Kevin S. Reedy 4-15-05 352-427-3434 <small>Signature and Typed or Printed Name of Signed Officer or Director Date Daytime Phone #</small>	