

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90062 033 ***150.00

DOCUMENT # P04000143894

1. Entity Name
THE RELATIONSHIP DEVELOPMENT CENTER, INC.



Principal Place of Business
**101 AMERICAN CENTER PLACE
SUITE 209
TAMPA, FL 33619**

Mailing Address
**101 AMERICAN CENTER PLACE
SUITE 209
TAMPA, FL 33619**

2. Principal Place of Business
710 OAKFIELD DRIVE

3. Mailing Address
710 OAKFIELD DRIVE

Suite, Apt. #, etc.
SUITE 211

Suite, Apt. #, etc.
SUITE 211

City & State
BRANDON, FL

City & State
BRANDON, FL

03022006 Chg-P CR2E034 (11/05)

4. FEI Number
16-1728698

Applied For
Not Applicable

Zip
33511

Country
USA

Zip
33511

Country
USA

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

6. Name and Address of Current Registered Agent

**MOORE, HELYN A
608 GRAND NATIONAL PLACE
SEFFNER, FL 33584**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MOORE, HELYN A**
STREET ADDRESS **101 AMERICAN CENTER PLACE, STE 209**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **VP** ☐ Delete
NAME **MOORE, JAMES D**
STREET ADDRESS **101 AMERICAN CENTER PLACE, STE 209**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **710 OAKFIELD DRIVE, STE 211**
STREET ADDRESS **BRANDON, FL 33511**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **710 OAKFIELD DRIVE, STE 211**
STREET ADDRESS **BRANDON, FL 33511**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Helyn Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06
Date

(813) 643-0300
Daytime Phone #