

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031955

Entity Name: R S I & ASSOCIATES, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1104 SPLIT SILK STREET
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

PO BOX 554
VALRICO, FL 335950554

New Mailing Address:

FEI Number: 20-2426071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE A. LEVINE, P.A.
790 E. BROWARD BLVD.
SUITE 302
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, ANTHONY
Address: 1104 SPLIT SILK STREET
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: ROBINSON, DEBORAH
Address: 1104 SPLIT SILK STREET
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY ROBINSON

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date